

American Optometric Association NEWS

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News blog
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Volume 48

March 8, 2010

No. 12

State EHR programs rapidly taking shape

Plans for a Nationwide Health Information Network (NHIN) advanced last month as the U.S. Department of Health & Human Services (HHS) and U.S. Department of Labor

(DOL) jointly announced nearly \$1 billion in grants for state and regional electronic health record (EHR) projects.

Using funds authorized under the Health Information Technology for Economic and Clinical

Health (HITECH) provisions of last year's American Recovery and Reinvestment Act (ARRA), Secretary of Health & Human Services Kathleen Sebelius announced more than \$760 million in grants to establish state and regional health information exchanges (HIEs) as well as regional "extension centers" that will assist physicians in

implementing EHRs.

Secretary of Labor Hilda L. Solis announced an additional \$225 million in grants for new education programs to train personnel for EHR-related careers.

"Optometry must have access to the nation's new HIT infrastructure if it is to remain America's primary eye care profession."

States will play a critical leadership role in facilitating the meaningful use of electronic health records among doctors and hospitals in their jurisdictions, according to the HHS.

In line with the AOA's new Electronic Health Records Preparedness Program for Optometry, Philip Gross, O.D., chair of the AOA Health Information Technology and Telemedicine Committee (AOA-HITTC), called on optometrists across the nation to now become actively involved in the devel-

See EHR, page 8



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Downtown Disney Marketplace is the place to go for dining, entertainment, nightlife and shopping. It is home to the largest Disney character store in the world. See more on Optometry's Meeting® on page 14. Photo credit: Orlando/Orange County Convention & Visitors Bureau, Inc.

ABO to begin accepting applications next month

The American Board of Optometry (ABO) announced its progress in overseeing a process of board certification of optometry and subsequent maintenance of certification program at SECO last month.

The ABO has adopted the requirements for initial board certification during the phase-in period, and the board is in the process of selecting vendors for software infrastructure and for examination development.

"Online applications should be available in April," said David A. Cockrell, O.D., chairman of the ABO Board of Directors. "Our goal is to have a computer-based test

See ABO, page 20

AOA PAC Fights and Wins for Optometry.

Visit www.aoa.org/AOA-PAC.xml

President's Column
Bringing students
into the fold



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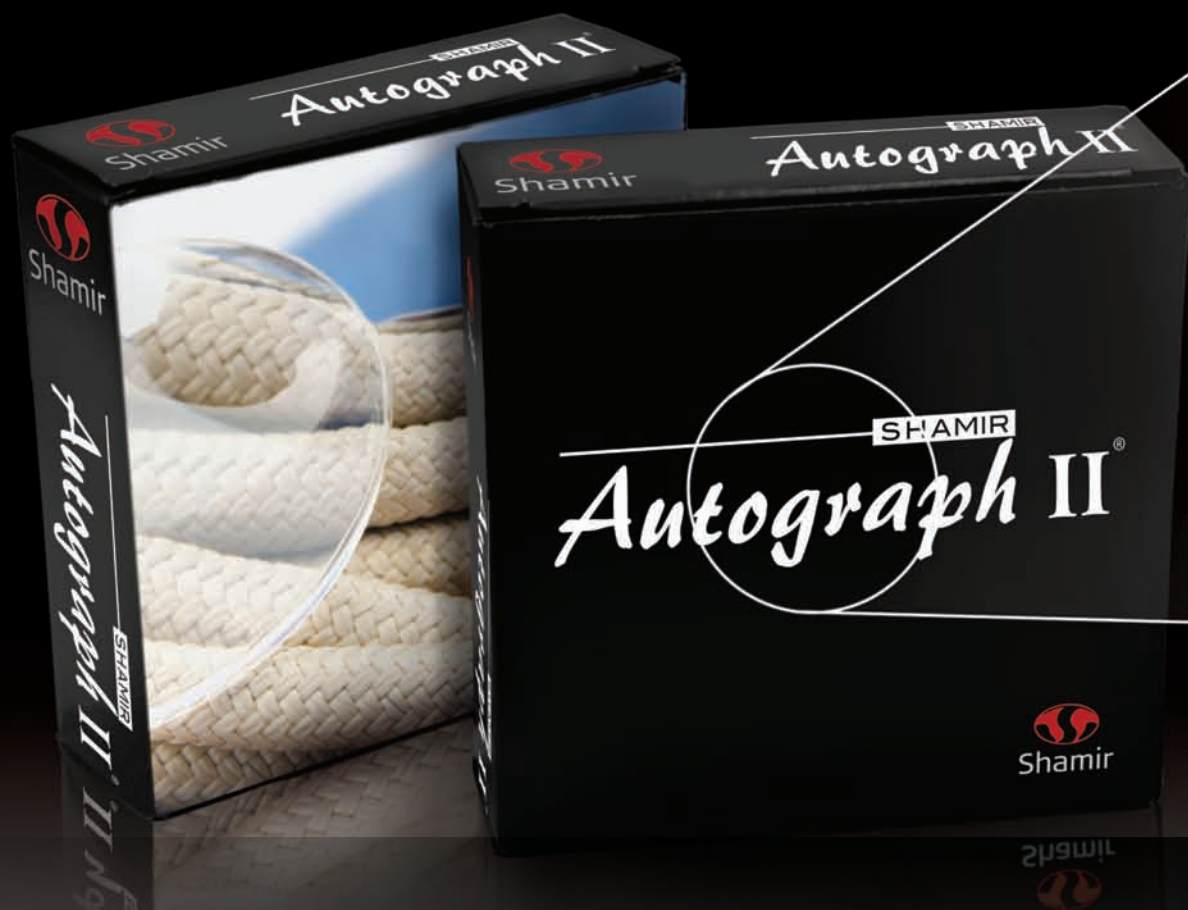
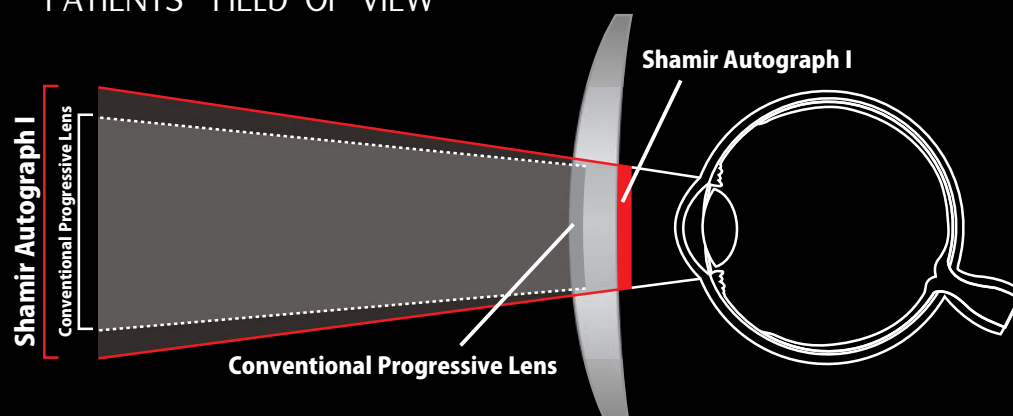
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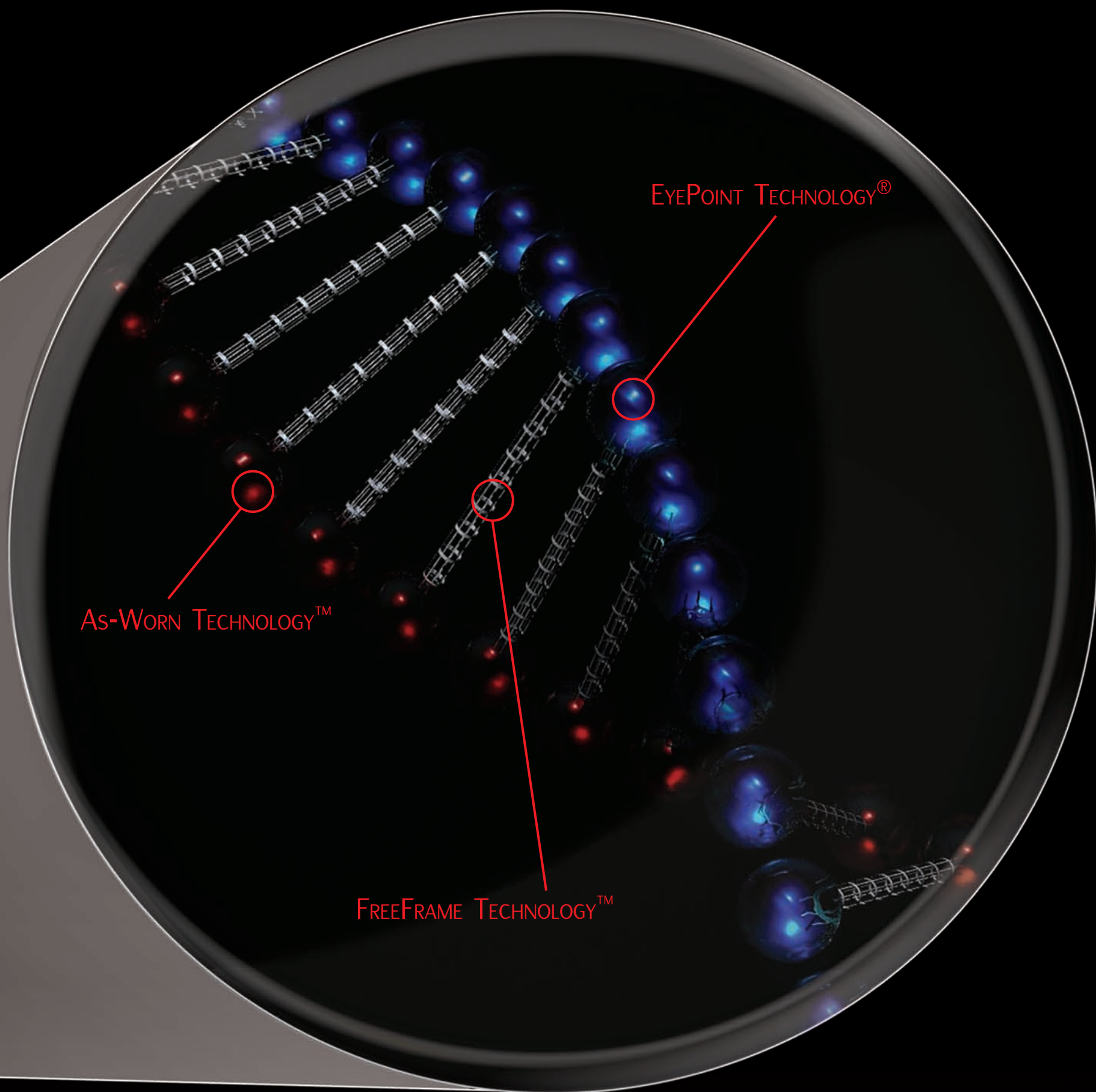
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PRESIDENT'S COLUMN

Bringing students into the fold

In my last column I spoke to students and discussed how they can reach out and become involved in their profession. This time, I want to reach out to established practitioners about my experience with students and brand-new graduates and how we can reach out to them.

Today's optometry students are diverse in background and interests. Students know that they are not only members of the American Optometric Student Association (AOSA), they are also automatically members of the AOA as well. They have definite ideas about where they want to live, where they want to practice and how they choose to communicate with family and friends.

And how newly graduating optometrists feel about affiliation with organized optometry will, in large part, be determined by their student experiences and interactions with practicing ODs as well as with the AOA and state affiliates along with local optometric societies.

Welcoming them to our profession is the job of every single optometrist, and it is also the job of the AOA. No one takes that charge more seriously at AOA than Ms. Laurie Bergman, student/faculty administrator. Through Laurie's efforts, the AOA has continual dialogue and interaction with students at every school and college of optometry.

The entire AOA Board takes school visits and dialogue with students as a mission-critical charge, and every

member of the AOA Board of Trustees has made visits, along with Laurie, to the schools and colleges of optometry.

Our job is twofold: first, convey to students the role of the AOA and our state affiliates in moving our great profession forward. And secondly, letting each and every student know that their active involvement and personal commitment will be required to maintain that momentum throughout their professional lives.

In March, I am visiting

ly face, and they will remember you...and they will remember how welcoming you and your colleagues were as they were just getting started in the profession.

❖ Avoid prejudging students or new grads on their preferred practice modality, their youth or their ethnicity. Take the time to get to know a handful of students as individuals, and you will see how excited they are about the profession. Opportunities at Optometry's Meeting®, such as the new Career Central, or at

Welcoming students to our profession is the job of every single optometrist, and it is also the job of the AOA.

with students at the State University of New York State College of Optometry, and in April I will be visiting with students at the New England College of Optometry.

Here are some of the important lessons that I have learned in my interaction with new graduates, optometry students and prospective students:

❖ When a student or group of students comes to a meeting of your local society or state association, have someone walk over and welcome them. If there's no one assigned to this task, make the commitment to do it yourself. Most students—especially very quiet ones—are very intimidated when they walk into a room of doctors for the first time. Be that first friend-

your annual state association meeting, are the perfect settings to meet students who might be considering practicing in your state. The AOA Congressional Advocacy Conference is another, and your encouragement of student participation helps create, early on, a culture of student involvement in advocacy in our profession. If you don't have a school within your state's borders, invite students from the school closest to your state to your annual meeting and show them what involvement really looks like and how important it really is.

❖ Don't discourage students from moving to your state because "our state already has enough ODs." There is room in this profession for growth. You never know who may end



Dr. Brooks

up being the perfect new partner to inject that spark of growth into your practice or your society or your state association.

❖ Be aware that today's students and new grads are highly tech-savvy. Whether they're happy or not happy with people or events in the profession, they will Facebook it or tweet it to the world. Be worthy of positive attention in their social media sphere.

❖ Welcome a student who asks you about shadowing or meeting you for lunch. One-on-one contact is still the most important way you can genuinely connect with someone. Social media tools aside, those positive face-to-face meeting contacts are remembered forever.

❖ Treat potential colleagues with the respect they have earned as fellow professionals. What newly graduating ODs lack in experience they more than make up in their excellent training, enthusiasm and energy.

❖ Become an alumni representative from your school or college of optometry if you are not already. Not only is it a great way to keep in close

See President, page 22

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When you thrive, we thrive;
that's how opportunity brings us together.



Ellis to ascend to office of AOA president in June

Joe Ellis, O.D., will assume the AOA office of president. Dr. Ellis, currently the AOA president-elect, was first elected to the board in June 2001 and re-elected in 2004.

He is currently the liaison trustee to the Clinical and Practice Advancement Group Executive Committee, the Clinical Guidelines Coordinating Committee, the Commission on Ophthalmic Standards, the Ethics and Values Committee, the Medical Eye Care Committee, the Neuro-Optometric Rehabilitation Committee, and the Optometry's Meeting® Executive Committee.

He has served as a member of the Optometry Awareness and Public Affairs, AOA Constitution and Bylaws, Finance, Personnel, and Building committees and as a board liaison to the Communications Group Advisory Committee, the

Contact Lens and Cornea Section, the Accreditation Council on Optometric Education, the Advocacy Group, the Commission on Paraoptometric Certification, the Practice Perpetuation Project Team, Industry Relations Committee, the Eye Care Benefits Committee and the AOA Sports Vision Section.

Prior to his election to the board, Dr. Ellis held a variety of volunteer appointments within the AOA.

Most recently, he served as chair of the State Health Care Legislation Committee.

Dr. Ellis served on the board of the Kentucky Optometric Association (KOA) from 1990 to 1996 and was president in the 1994-1995 program year.

He was named the Kentucky Young Optometrist of the Year in 1992 and the Kentucky Optometrist of the Year in 1995.

The KOA has also honored him with three



Dr. Ellis

President's Awards.

Dr. Ellis was very instrumental in his efforts and relationship with Kentucky Gov. Paul Patton and the Kentucky General Assembly to help pass the first school entrance-level eye examination in the United States in 2000.

Dr. Ellis is a member and past president of the Benton Lions Club and is a member of the Marshall County Chamber of Commerce.

Dr. Ellis graduated from the Southern College of Optometry in 1986.

He is in private practice in Benton, Ky.

Brooks to assume office of immediate past president

Randolph Brooks, O.D., will assume the AOA office of immediate past president at the 2010 Optometry's Meeting® in Orlando, Fla.

Dr. Brooks, currently the president, was first elected to the board in June 2000 and re-elected in 2003.



Dr. Brooks has served on the Joint Board Certification Project Team, the International Affairs Committee, the Optometry Awareness and Public Affairs Committee, the Constitution and Bylaws Committee and the Finance Committee.

As a member of the Advanced Clinical Competence Project Team, he served as chair from 2004-2005.

Dr. Brooks has served as liaison trustee to the Optometry's Meeting® Executive Committee, the Industry Relations Committee, the Sports Vision Section, Advocacy Group, Eye Care Benefits Center and Federal Relations Committee.

Prior to his election to the board eight years ago, Dr. Brooks held a variety of volunteer appointments within the AOA.

In addition to serving several years on the Eye Care Benefits Center Executive Committee, Dr. Brooks was its chair in the 1999-2000 program year.

Dr. Brooks is a past president of the New Jersey Society of Optometric Physicians (NJSOP). In 1995 and 2000, NJSOP named him Optometrist of the Year.

Dr. Brooks is a graduate of the State University of New York at Albany and the New England College of Optometry and is also a fellow of the American Academy of Optometry, of which he has been a member since 1984.

He has a private group practice in Ledgebrook, N.J., and resides in Succasunna, N.J., with his wife, Bonnie, and has three sons, Doug (with daughter-in-law Kelli), Larry (with daughter-in-law Jessica), and Ryan.

Dr. Brooks' interests include flying, bicycling, fishing, and hiking. Dr. Brooks said he is most looking forward to spending more time with his grandchildren, Hadley and Olive.

AOA offers free materials to promote Save Your Vision Month

March is the AOA's annual Save Your Vision Month. This year's observance is focused on "healthy vision in the workplace," reminding employees of the importance of regular eye care and safety.

New patient education pieces discuss the effects prolonged computer and hand-held device usage has on the eyes and tips for preventing eye strain and visual discomfort; a second brochure highlights the proper selection and usage of eye safety wear for work and home environments.

The AOA is offering FREE materials to members to assist in their efforts in promoting Save Your Vision Month locally. The kit includes:

- ❖ Tip sheet on how to promote in the community
- ❖ Sample letter to send to human resources managers
- ❖ Two patient information sheets padded in quantities of 50:
 - ❖ Healthy Vision and Hand-Held Devices
 - ❖ Healthy Vision in the Workplace
- ❖ PowerPoint presentation for lunch time "brown bag" seminars
- ❖ Template news release that can be sent to the local media

To receive a free-of-charge member kit, please send an e-mail to publicrelations@aoa.org.



Medicare to hold claims

The U.S. Centers for Medicare & Medicaid Services (CMS) has placed a temporary hold on fee-for-service claim processing, anticipating Congress will once again intervene to prevent a planned Medicare physician pay cut scheduled to take effect this month.

In a statement last week, CMS officials emphasized that Congress, administrators, providers groups, and beneficiary representatives were all continuing to negotiate on ways to prevent the pay cuts. The CMS has instructed carriers to hold claims for services provided over the period March 1-10. "This hold should have a minimum impact on provider cash flow because, under current law, clean electronic claims are not paid any sooner than 14 calendar days (29 for paper claims) after the date of receipt," the CMS noted.

HHS begins posting privacy breaches online

At least three dozen health care providers have reported major patient confidentiality breaches so far under a new law that requires the prompt disclosure of the theft or improper release of unsecured, federally protected health information to the U.S. Department of Health & Human Services (HHS) Office of Civil Rights (OCR).

About one in five of those large-scale privacy breaches appeared to have occurred in small health care practices.

In light of those reports, optometrists should be vigilant in guarding against the theft of office computers or related items that may contain unsecured patient information, according to the AOA Advocacy Group.

Practitioners should also be diligent in securing electronic health information through the use of technologies such as encryption.

Optometrists should also be aware that they are required to promptly report major privacy breaches to fed-

eral authorities, the AOA Advocacy Group emphasizes (See "Notification now required for breach of patient privacy," *AOA News* Oct. 5,

Encryption is the process of transforming electronic information, using an algorithm, to make it unreadable to anyone not specifically

About one in five of those large-scale privacy breaches appeared to have occurred in small health care practices.

2009).

Provisions of the federal HITECH Act, which became effective on Sept. 23, 2009, now require health care providers to directly notify the HHS OCR within 60 days of any health information security breaches affecting 500 or more individuals.

The disclosure rule applies to any unsecured information protected under the federal Health Information Portability and Accountability Act (HIPAA).

"Unsecured" health information refers to data that has not been properly protected through the use of encryption, an AOA Advocacy Group staff person emphasized.

authorized to access the information.

The AOA Advocacy Group strongly encourages optometrists to encrypt patient information, noting that encryption features are included in many software programs already in use in optometric practices.

The HITECH reporting requirement provides an exception for *encrypted* health information, the AOA Advocacy Group notes.

"Health care practitioners are not required to report breaches of encrypted health information to the HHS," an AOA Advocacy Group staff person noted.

The law also requires the

HHS OCR to post information on privacy breaches online. An initial list of 36 incidents appeared Feb. 22, on a new HHS OCR Health Information Privacy Web page (www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/postedbreaches.html).

The vast majority (30) of the reported incidents involved the theft or loss of laptop or desktop computers, hard drives, CDs, a network server or, in one case, paper records.

However, misdirected e-mails or mailings and at least one "phishing scam" were cited in the other reported incidents.

Insurance companies, hospitals and high volume health care providers are identified by name on the Web site.

In most cases, health care practitioner offices are identified simply as "private prac-

tice."

The Massachusetts Eye and Ear Infirmary, which reported the theft of information on 1,076 individuals, was the only eye care provider specifically named in the initial listing.

All of the incidents initially listed on the Web site occurred in September, October, or November of 2009.

The HHS OCR says it will continue to update the Web page as the office receives new reports of breaches of unsecured protected health information.

The agency emphasizes that it verifies all information with the HIPAA-covered entity reporting the breach prior to posting. Privacy breaches must be reported using an online form on the OCR Web site.

For more information, visit the OCR Web site at www.hhs.gov/ocr/privacy.

Glitch keeps some Medicare claims from Medigap plans

U.S. Centers for Medicare & Medicaid Services (CMS) officials say they have now fixed a technical problem in the Medicare Coordination of Benefits Contractor (COBC or "crossover") system that prevented some claims from being automatically forwarded to Medicare supplemental insurance plans earlier this year.

However, Medicare will not be able to reprocess those claims and health care providers will have to balance bill supplemental plans in order to receive any payment due them on the claims, the CMS acknowledges.

The technical problem affected Medicare Part B professional service claims, for which remittance advice was issued from Jan. 5 to Feb. 12, with two or more service lines,

indicating:

- ❖ One service line is 100 percent reimbursable by Medicare (i.e., the approved amount and amount to be paid are equal), and

- ❖ One service line for which all or part of the Medicare approved amount is to be applied to the Part B deductible and/or the beneficiary's co-insurance amounts.

CMS officials emphasize that as a result of the technical problem, those Medicare Part B professional services claims were not forwarded to Medicare supplemental insurance plans even *when remittance advice codes indicate they were*.

"Providers will need to identify these claims (affected by the problem) by reviewing their remittance advice with an issue date between Jan. 5, 2010, and Feb. 12, 2010, that

contain the criteria noted above," the CMS advised in a special bulletin last month. "Once identified, providers will need to take action to balance bill the beneficiary's supplemental payer."

The CMS has notified supplemental payers of the problem. The problem also affected some Medicare Part A institutional claims processed between Jan. 5 and Feb. 1; however, CMS officials say no further action by providers will be necessary to secure payment on those claims. The problem did not impact Medicare Part B durable medical equipment, prosthetics, and orthotics (DMEPOS) claims.

In their bulletin, last month, CMS officials apologized for any inconvenience the problem may cause providers.

PECOS deadline delayed to Jan. 3, 2011

Physicians who order, or refer patients for, health care products or services under Medicare will now have until Jan. 3, 2011, to make sure they are listed in the government health plan's Provider Enrollment, Chain and Ownership System (PECOS), according to the U.S. Centers for Medicare & Medicaid Services (CMS).

A listing in the PECOS registry was to have become mandatory for all Medicare ordering/referring physicians on April 5, 2010.

However, the CMS last month postponed that deadline to give any Medicare physicians who are not now in PECOS more time to secure a listing – a step the effectively entails re-enrolling in Medicare.

The PECOS database includes all physicians who have enrolled as Medicare providers since November 2003.

However, many physicians who enrolled since that time are not in PECOS.

All physicians who have been enrolled in Medicare more than six years are to receive warning letters from the CMS regarding the PECOS requirement in the coming weeks.

The AOA Advocacy Group suggests all optometrists check to see if they are listed in the PECOS database by accessing the Medicare Ordering/Referring Report online at www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/OrderingReferringReport.pdf.

Information on how to re-enroll in Medicare through PECOS can be found on the Medicare Provider/Supplier Enrollment Web Site (www.cms.hhs.gov/MedicareProviderSupEnroll).

opment of state and regional health information exchanges as well as other EHR-related initiatives.

“The NHIN – the new national health information technology (HIT) infrastructure through which the HHS plans to make EHRs available to all Americans by 2014 – will be a ‘network of networks’ joining state and regional HIEs across the country to provide nationwide EHR

access,” Dr. Gross said. “Optometry must have access to the nation’s new HIT infrastructure if it is to remain America’s primary eye

care profession. That means optometrists must be part of their HIEs – the local data servers through which EHR information will be exchanged.”

Last month’s grant awards follow the announcement last year of a five-year HHS HIT health care provider incentive program under which Medicare fee-for-service practitioners who install, and meet utilization standards for, certified EHR systems can qualify for payments, totaling up to \$48,400, to help offset implementation costs, beginning in 2011.

Similar EHR incentives will be offered through Medicare Advantage and state Medicaid programs.

Optometrists are specifically included in the incentive program. (For a detailed explanation of the incentive program see “Why Optometrists Should Act on Electronic Health Records Now” in the March edition of *Optometry: Journal of the American Optometric Association*.)

While the Medicare EHR incentive program specifically includes optometrists, the HHS stipulates only that health information exchanges and related programs, covered

under the new grants, be applicable to “health care clinicians,” the AOA Advocacy Group notes.

The HHS defines clinicians to include “physicians” (who are defined under Medicare to include optometrists) as well as “other licensed or certified care providers.”

The new EHR extension center programs will focus on providing assistance to certain

“primary care physicians” in fields such as family practice, obstetrics and gynecology, general internal medicine, and pediatric medicine.

However, the grant program also allows for assistance to “individual and small group practices primarily focused on primary care” as well as physicians in critical access hospitals, community health centers or other care settings that predominantly serve uninsured, underinsured, and medically underserved populations. And “all providers in the service area will be welcome and encouraged to participate in outreach and educational opportunities made available through the Regional Extension Centers,” the HHS says.

According to last month’s announcements, the HHS grants will provide \$386 million to 40 states and qualified State Designated Entities (SDEs) to facilitate the establishing of health information exchanges.

“The funds awarded will be used to establish and implement plans for statewide HIE by creating the appropriate governance, policies, and technical services and help providers to qualify for Medicare and Medicaid incentives under the HITECH Act,” the HHS said.

Dr. Gross urged

The HHS grants will provide \$386 million to 40 states and qualified State Designated Entities.

Health Information Exchange Grants

State HIE Awardee Award Amount

Alabama Medicaid Agency	\$10,564,789
Arizona Governor’s Office of Economic Recovery	\$9,377,000
Arkansas Dept. of Finance and Administration	\$7,909,401
California Health and Human Services Agency	\$38,752,536
Colorado Regional Health Information Organization	\$9,175,777
Delaware Health Information Network	\$4,680,284
Government of the District of Columbia	\$5,189,709
Georgia Department of Community Health	\$13,003,003
Office of the Governor (Guam)	\$1,600,000
The Hawaii Health Information Exchange	\$5,602,318
Illinois Department of Health Care and Family Services	\$18,837,639
Kansas Health Information Exchange Project	\$9,010,066
Cabinet for Health and Family Services (Kentucky)	\$9,750,000
State of Maine/Governor’s Office of Health Policy & Finance	\$6,599,401
Massachusetts Technology Park Corporation	\$10,599,719
Michigan Department of Health	\$14,993,085
Minnesota Department of Health	\$9,622,000
Missouri Department of Social Services	\$13,765,040
Nevada Department of Health and Human Services	\$6,133,426
New Hampshire Department of Health and Human Services	\$5,457,856
Lovelace Clinic Foundation, New Mexico	\$7,070,441
New York eHealth Collaborative Inc.	\$22,364,782
Commonwealth of the NMI, Department of Public Health	\$800,000
North Carolina Department of State Treasurer	\$12,950,860
Ohio Health Information Partnership LLC	\$14,872,199
Oklahoma Health Care Authority	\$8,883,741
Pacific Ecommerce Development Corp. (American Samoa)	\$600,000
State of Oregon	\$8,579,992
Governor’s Office of Health Care Reform Commonwealth of Pennsylvania	\$17,140,446
Oticina del Gobernador La Fortaeza (Puerto Rico)	\$7,770,980
Rhode Island Quality Institute	\$5,280,000
State of Tennessee	\$11,664,580
Utah Department of Health	\$6,296,705
Vermont Department of Human Services	\$5,034,328
Virgin Islands Department of Health	\$1,000,000
Virginia Department of Health	\$11,613,537
Health Care Authority (Washington)	\$11,300,000
West Virginia Department of Health and Human Resources	\$7,819,000
Wisconsin Department of Health and Family Services	\$9,441,000
Office of the Governor (Wyoming)	\$4,873,000

Total Award Amount \$385,978,640

optometrists to become familiar with the HIE grant recipients in their respective states (see box at right).

Another \$375 million in HHS grants will go toward the establishing of the 32 non-profit regional extension centers (RECs) that will assist hospitals and primary health care practices in the implementation of EHRs. The centers will help some 100,000 practices implement EHRs,

according to the HHS.

Department of Labor grants will provide \$225 million to fund 55 health information technology career training programs in 30 states. Most of the programs will be conducted in conjunction with established education partnerships.

The department estimates some 15,000 health practice staffpersons will be trained through the programs.

However, the program does not appear oriented toward the training of health care practice EHR staff, the AOA Advocacy Group notes.

For additional information, including a list of RECs and training grant awardees, see “Federal grants awarded for health information exchanges, ERH training programs” on the AOA Web site EHR page (www.aoa.org/EHR.xml).



AOA pushes to avert Medicare payment meltdown

At press time, hundreds of ODs and optometry students from across the country were preparing to travel to Washington, D.C., to participate in the 2010 AOA Congressional Advocacy Conference and to urge Congress to take action to avert a massive 21 percent

Medicare physician payment cuts threaten older Americans' access to their choice of doctors and jeopardize the doctor-patient relationships that are so important to those seniors most in need of care.

The Medicare payment formula involves the Sustainable Growth Rate (SGR).

is driven by factors other than the GDP and is out of the control of individual providers, such as patient health needs, new technology, and public policies that encourage patients to seek certain services, including preventive care.

The SGR formula has triggered pay cuts going back to 2003, but Congress has always called them off — postponing them in what has been called a “patch.”

However, the difference between targeted and actual spending on physician services accumulates from year to year, making each scheduled pay cut that much deeper.

The AOA and other patient and provider groups have been pushing Congress to repeal or rebase the SGR for years, especially as Medicare is set to begin enrolling the first wave of baby boomers in the near future, with enrollment expected to grow from 44 million in 2011 to more than 50 million by 2017.

For further information on this priority issue and how to join the AOA's effort to build support on Capitol Hill for Medicare payment fairness, contact Jon Hymes of the AOA Washington office at 800-365-2219 or jfhymes@aoa.org.

Heading off the impending cut as well as advocating for long-term Medicare payment reform will be urgent priorities emphasized by ODs and optometry students in their meetings with members of Congress during the AOA Congressional Advocacy Conference.

Medicare physician payment cut.

With the temporary Medicare pay fix Congress approved in December expiring on Feb. 28, the AOA has been urging Congress and President Obama to take immediate corrective action to head off this year's cut and work toward preventing even larger cuts projected for 2011 and beyond.

Heading off the impending cut as well as advocating for long-term Medicare payment reform will be urgent priorities emphasized by ODs and optometry students in their meetings with members of Congress during the AOA Congressional Advocacy Conference in early March, said one AOA Advocacy Group staffer.

Persistent, looming cuts and low payments create an extreme hardship on optometrists and other physicians and the Medicare patients they serve in communities across the country.

According to the AARP,

Created by Congress in an effort to rein in costs, the SGR sets an annual target for expenditures on physician services based on growth of the Gross Domestic Product (GDP). If expenditures exceed the target, Medicare reduces physician reimbursements the following year to recoup the difference.

Linking the SGR to the GDP has proven to be flawed because growth in health care

Cardiology lobby seeks to undermine Physician Practice Expense Survey

On Jan. 1, 2010, the Centers for Medicare & Medicaid Services (CMS) implemented a new Medicare Physician Fee Schedule that finally begins to correct years of imbalance in the system and improves physician payment accuracy by updating the Practice Expense (PE) component of the fee schedule with data from the recently concluded Physician Practice Information Survey (PPIS).

Under this plan, ODs will be receiving an additional \$288 million in estimated Medicare payments over four years. This increase is based on the 2009 rates versus the higher rate to be paid as a result of CMS implementation of the PPIS data. Unfortunately, there is an organized effort under way right now in Washington to undermine the PPIS data and undo the resulting improvement.

Given the urgency of the situation, ODs and optometry students heading to the nation's capital to participate in the 2010 AOA Congressional Advocacy Conference will have the chance to fight back and to safeguard optometry's hard-won gains toward fairness in physician payments.

Until the recent PPIS was conducted, most physicians' practice expense values were based on assumptions or data more than a decade old. The new data revealed that many physicians, including optometrists, were being under-reimbursed for their services. At the same time, it was found that specific groups of providers were being over-reimbursed relative to other doctors. It became clear that payments needed to be adjusted to assure access to most other Medicare physicians, including doctors who provide primary care.

One medical specialty lobbying group, the American College of Cardiology (ACC), which participated fully in the design and implementation of the PPIS program, is complaining about Medicare's decision to move toward paying all physicians as fairly as possible. The group has launched a series of attacks on the PPIS and even on other provider groups, including in federal court.

The ACC's legal claims have all been rejected and, in responding to them, the U.S. Department of Justice specifically noted the group's close involvement with the survey. The Justice Department also recognized the harm that any misguided reversal of payment rates would have on patients and providers.

More recently however, the ACC endorsed H.R. 4371, a bill in the U.S. House sponsored by Rep. Charlie Gonzalez (D-Texas), which seeks to undo the implementation of the 2010 Medicare Physician Fee Schedule, impose its own Medicare payment structure in favor of cardiology and undermine the PPIS data that major physician groups, including the ACC itself, had previously worked to assemble. The measure is estimated to cost about \$7 billion over 10 years.

The AOA opposes H.R. 4371 and is helping to lead a coalition of 19 major medical, surgical and health care organizations, designated the Practice Expense Equity Coalition, that are committed to ensuring that members of Congress hear all the facts about the PPIS program.

Thanks to the PPIS and the organizations that participated in it, reimbursement rates can and should be based on robust, recently collected and independently corroborated data, rather than the out-of-date, incomplete and non-uniform data that resulted in relative over-payments to certain specialty providers and diminished emphasis on primary care, said AOA Executive Director Barry J. Barresi, O.D., Ph.D.

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NECO names Fisch vp, dean

The New England College of Optometry (NECO) named Barry Fisch, O.D., as vice president and dean of Academic Affairs.

Having received a unanimous endorsement from the faculty, the former associate dean of Academic Affairs was recently appointed by President Clifford Scott, O.D., MPH.

For 36 years, Dr. Fisch served in a variety of capacities including chief of the Glaucoma Service, chief of the Ocular Disease Service, supervisor of the Specialty Contact Lens Clinic and chairman of the Faculty Development Program.

He has been active on a number of college committees as well as the instructor of record for the course "Management and Treatment of Ocular Disease" for the past 20 years.

In 2008, he became a full-time faculty member, assuming the responsibility for upgrading the second-year optometry courses.

In the summer of 2009, he was given the additional responsibility of associate

dean of Academic Affairs.

Dr. Fisch is a graduate of Boston University and a 1971 honors graduate of the Massachusetts College of Optometry.

After completing a clinical internship at the Optometric Center of New York, he was commissioned in the U.S. Indian Public Health Service where he was the Chief of Optometry at the hospital in Tuba City, Ariz.

Upon discharge, he entered the graduate optometry program in Physiological Optics at the University of Houston as an Ezell Fellow and a member of the clinical faculty.

He later returned to Massachusetts to become the director of the Teamsters Vision Center and a part-time NECO clinical faculty member in the contact lens department.

In 1981, Dr. Fisch was recruited to become Chief of the Optometry Section at the Brockton Veterans Affairs Medical Center where he developed the patient care service as well as the NECO-affiliated residency and stu-

dent teaching programs.

During 2000, Dr. Fisch was appointed acting national director of the Optometry Service, overseeing the entire Veterans Affairs optometry program for a year.

Subsequently, he was placed in charge of all the Veterans Affairs optometry programs in the Boston area until stepping down in 2008.

Dr. Fisch is dedicated to clinical research and has been the principal investigator of a number of projects.

His current research interests revolve around the acquisition, storage, and use of digital ophthalmic images for research purposes and clinical management.

He was instrumental in the development of the Veterans Affairs' nationwide diabetes teleretinal imaging and patient care management program. He also developed the Veterans Affairs Boston's Optometric Research Fellowship Program.

He has presented more than 300 lectures, papers, and posters and currently serves as a council member on the National Board of Examiners in Optometry.

AOA remains vigilant for next moves on national health care reform on Capitol Hill

The U.S. House of Representatives and Senate approved separate comprehensive health care reform bills in late 2009 with the intention of developing a merged bill – containing selected provisions from both – for final consideration in early 2010.

However, in recent weeks, the considerable divisions that exist in Washington, D.C., and around the country have left it unclear as to how or when a final version will be put to a vote on Capitol Hill.

To break the stalemate, President Obama invited congressional leaders from both parties to attend a special White House summit on health care reform on Feb. 25.

The AOA, already closely following negotiations leading up to this meeting, is urging the Obama administration and members of Congress to ensure that AOA-backed provisions are included in any final bill that emerges, including:

- ❖ Federal Provider Non-Discrimination Safeguards (Harkin Amendment, Section 2706 of the Senate bill) – This important provision in the Senate bill is needed because health insurance plans routinely discriminate against the participation of qualified non-MD health providers, including optometrists. Such discrimination is anti-competitive, restricts patient choice of provider and availability of treatment options.
- ❖ Protect State Patient Access to Care Laws (Ross-Braley Amendment, Section 238 of the House bill) – Nearly every state has enacted provider non-discrimination/patient choice laws that are benefiting consumers and assuring patient access to optometric and other essential health care. This provision in the House bill would make it clear that it is not the intent of Congress to preempt any such state law.
- ❖ Full Recognition of ODs in Medicaid (Schakowsky Amendment, Section 1726A of the House bill) – With optometric care too often considered an optional benefit in Medicaid, essential eye health and vision care services are being targeted for massive cuts. The House bill includes language based on H.R. 2697, the bipartisan Schakowsky-Hall Optometric Equity in Medicaid Act, to ensure that Medicaid patients are not denied the care they need.
- ❖ Children's Vision is Essential – Both the Senate and House bills would recognize children's vision as an essential health care benefit. The Senate bill would also recognize the importance of offering vision care through school-based health clinics.
- ❖ Recognition of First Contact Providers in a Patient's Health Care Home – Although the so-called "medical home" model was designed to promote integrated, coordinated and comprehensive care, it can fall short in assuring full patient access to vision and eye health care. Any final bill must provide for an inclusive Health Care Home for patients that would cover eye and vision care as part of the complete range of recognized primary care services.
- ❖ Repeal the Insurance Industry's Anti-Trust Exemption – Although not included in either the Senate or House bills at this time, there is a renewed effort in Congress, supported by the AOA, to level the playing field in health care by eliminating the anti-trust exemption enjoyed by the insurance industry since 1945.

Verma elected as NAPO chair

Satya Verma, O.D., was elected chair of the National Academy of Practice in Optometry (NAPO) at the organization's annual meeting during the American Academy of Optometry (AAO) meeting in Orlando. Dr. Verma was elected to a two-year term.

Dr. Verma's past offices include the presidency of the Pennsylvania Optometric Association and the faculty organization of the Pennsylvania College of Optometry at Salus University.

He has chaired the Professional Relations Committee of the AOA, the Public Health and Environmental Optometry Section of NCOA, the Diplomate Program for the AAO, and the Vision Care Section of the American Public Health Association and its Awards Committee.

One of the longest-serving board members of the National Council on Aging (NCOA), Dr. Verma serves on the AAO Finance Committee and chairs its Public Policy Committee.

He also serves on the Public Health and Programs Committee of Prevent Blindness America, is a member of the Healthy People 2010 Task Force, and secretary of the Vision Conservation Institute of the Pennsylvania Optometric Association.

Dr. Verma is an assistant professor and the assistant director of the externship program at the Pennsylvania College of Optometry at Salus University.

NAPO is one of the 10 academies of the National Academies of Practice (NAP), a Washington, D.C.-based nonprofit professional organization composed of elected distinguished professionals from each of the 10 disciplines.



Dr. Verma

Dr. Jennifer Planitz
Optometrist
Explorer
Luxottica Partner

Jennifer Planitz loves trekking in the rugged New Mexico landscape. When she is not trekking, or teaching jazzercise, or contributing an article to a professional journal, Dr. Planitz and her husband run one of New Mexico's busiest optometry practices. Rio Eyecare Vision Source in Rio Rancho, NM has a staff of 12 and offers a specialty in pediatric optometry. She cares a great deal about her patients, her dedicated team and the partners she chooses.

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WORKING
TOGETHER

Michigan ODs host successful VISION USA Day

The doctors and staff at Hansen Vision Center in Greenville, Mich. wanted to help those hit hardest by the economy by doing what they do best. On Feb. 6

or worse.

Every patient examined received a new pair of glasses, which were generously donated by local frame representatives.

Many of the patients presented with acuities of 20/50 or worse. Every patient examined received a new pair of glasses, which were generously donated by local frame representatives.

they partnered with VISION USA and the Michigan College of Optometry to provide eye exams to 42 qualified patients.

Many of the patients presented with acuities of 20/50

The VISION USA day also revealed patients with undetected ocular disease: five patients were glaucoma suspects, one patient was diagnosed with a bilateral left heminopsia with macular sparing (recent

stroke, visual symptoms undiagnosed by cardiologist), and a few macular degeneration patients were identified.

Additionally, a patient on coumadin with a subconjunctival hemorrhage present-

ed and was having issues getting her dosage correct.

Rocky Hansen, O.D., Amy Dinardo, O.D., and the staff at Hansen Vision Center, Joshua Lotoczky, O.D., and Michigan College of Optometry Interns Carla Gilbertson, Nate Schlotthauer, Brian McDowell, and Jordan Kuipers volunteered their services to serve those in need.

"I think it is important for health care practitioners to realize some level of social responsibility," said Dr. Dinardo, the event coordinator. "It is important to give back to the community that sustains us."

If your practice is interested in hosting its own VISION USA event, send an e-mail to visionusa@aoa.org for best practices, media templates and assistance with determining patient eligibility.



Rocky Hansen, O.D., examines Betty Jane Conley during the VISION USA Day.

AOA Foundation Events at Optometry's Meeting®

June 15, 2010 Optometry's Got Talent from 8:30 p.m. to midnight. Raise funds for The AOA Foundation while enjoying amateur entertainment.

June 17-19, 2010 VISION USA Virtual Golf Tournament Stop by booth 2024 to test your golf swing and support VISION USA.

June 18, 2010 National Optometry Hall of Fame 5:30 p.m. to 7p.m. Come congratulate the new inductees of the National Optometry Hall of Fame.

For more information, visit www.optometryscharity.org

InfantSEE® partners with Text4baby

InfantSEE® recently became an outreach partner of Text4baby – a new free mobile information service providing timely health information to pregnant women and new moms from pregnancy through a baby's first year.

Women who sign up for the service by texting BABY to 511411 (or BEBE for Spanish) receive three free SMS text messages each week timed to their due date or baby's date of birth.

These messages focus on a variety of topics critical to maternal and child health, including birth defects prevention, immunization, nutrition, seasonal flu, mental health, oral health and safe sleep.

Text4baby messages also connect women to prenatal and infant care services and other resources.

"InfantSEE® is proud to be a part of text4baby," said Randolph E. Brooks, O.D., president of the AOA. "Mobile health services around the world have demonstrated the ability to help change patient behavior

and improve health outcomes, and we believe that this program can have a significant impact on maternal and child health in our country."

An educational program of the National Healthy Mothers, Healthy Babies Coalition (HMHB), text4baby

Human Services, Voxiva, CTIA-The Wireless Foundation, Grey Healthcare Group (a WPP company) and founding corporate sponsor Johnson & Johnson.

Premier sponsors include WellPoint, Pfizer and CareFirst BlueCross

"Mobile health services around the world have demonstrated the ability to help change patient behavior and improve health outcomes, and we believe that this program can have a significant impact on maternal and child health in our country."

delivers timely health tips via text message to those who need it most.

It is made possible through an unprecedented public-private partnership which includes the White House Office on Science and Technology Policy, the U.S. Department of Health &

BlueShield, and wireless carriers are distributing text messages at no charge to recipients.

Implementation partners include BabyCenter, Danya International, Syniverse Technologies, Keynote Systems and The George Washington University.

Foundation calls for Sullins Award nominations

The AOA Foundation and the InfantSEE® program invite the optometry community to submit nominations for the 2010 Dr. W. David Sullins, Jr. InfantSEE® Award, which honors Dr. Sullins' inspiring and passionate leadership as a driving force in the profession of optometry. A memorial fund was established after his death in 2005 and led to the creation of this award.

The Dr. W. David Sullins, Jr. InfantSEE® Award recognizes an individual doctor of optometry who has made significant contributions to optometry or his/her community for outstanding public service involving the InfantSEE® program.

The award will be presented at Optometry's Meeting® to be held in Orlando, Fla., from June 16-20, 2010. The recipient will receive a \$1,000 travel grant and gold medallion.

Nomination forms and support materials can be downloaded from www.optometryscharity.org/infantsee. All nomination forms are due by April 16, 2010. Please include a recent photograph of the nominee—digital photographs are preferred.

Completed nominations may be e-mailed to MASchwartz@aoa.org or mailed to: Optometry's Charity™ - The AOA Foundation Dr. W. David Sullins, Jr. Award Attn: Mark Schwartz 243 N. Lindbergh Blvd. 1st Floor St. Louis, MO 63141 800-365-2219, ext. 4149

Conn., N.J. endorse Drug Recognition Expert Program

The Connecticut Association of Optometrists (CAO) and the New Jersey Society of Optometric Physicians (NJSOP) have adopted resolutions formally endorsing the Drug Recognition Expert Program (DRE) – a growing law enforcement initiative that utilizes eye assessments to help spot motorists who may be driving under the influence of illicit drugs or alcohol.

Advocated by the International Association of Chiefs of Police (IACP), the National Highway and Transportation Safety Administration (NHTSA) and the National District Attorney's Association (NDAA), the DRE Program was developed specifically to detect impairment resulting from the use of controlled substances, which may not always be readily identifiable in the course of a standard field sobriety test, according to Harvey Richman, O.D., immediate past NJSOP presi-

dent.

"The CAO and NJSOP recognized the DRE Program for its innovative approach to the promotion and protection of public health and safety,"

boards cited studies by the Southern California Research Institute and Johns Hopkins University documenting the effectiveness of the DRE Program, as well as a history

When pharmaceuticals, alcohol or illegal substances appear to be involved, the DRE officer may be able to use the protocol to further determine if impairment is

Officers check to see if suspected impaired drivers can touch the tip of their nose with the fingers, walk a straight line, stand without swaying consistently and stand on one leg.

They check pulse rate, blood pressure and body temperature.

However, DRE officers also utilize physiological eye assessments including the horizontal gaze nystagmus test (HGN).

Based on variations in eye movements, the HGN test can provide indications of impairment due to health conditions and alcohol as well as depressant drugs, dissociative anesthetics and inhalants.

In 1993 the AOA House of Delegates unanimously adopted a resolution that endorsed the HGN Field Sobriety Test.

The endorsement of the resolution (#1901) has been sustained and unchanged through repeated reviews in

see DRE, page 19

"Approximately one out of six night-time drivers are potentially under the influence of drugs or illegal substances, other than alcohol, while driving on our roads. Many of these impaired drivers would be undetected and capable of endangering themselves, their passengers and the public without such a program."

Dr. Richman said. "Approximately one out of six night-time drivers are potentially under the influence of drugs or illegal substances, other than alcohol, while driving on our roads. Many of these impaired drivers would be undetected and capable of endangering themselves, their passengers and the public without such a program."

In their endorsements, the CAO and the NJSOP

of cooperative efforts between optometrists and law enforcement officials to develop the program.

Under the DRE program, specially trained and certified law enforcement officers utilize a protocol of assessment methods to determine if suspected impaired driving may be caused by a health condition, prescription or over-the-counter drugs, alcohol, or illegal substances.

due to the use of depressants, inhalants, cannabis, stimulants, hallucinogens, dissociative anesthetics, or narcotic analgesics.

The standardized 12-step protocol includes a number of uncomplicated eye-hand coordination and divided attention tests that have traditionally been used by law enforcement officers in Standardized Field Sobriety assessments.

Great moves are rarely coincidental.




American Optometric
Association

AOA Practice Transitions is a comprehensive one-day seminar covering the fundamental steps to successfully buying or selling an optometric practice. You'll learn about:

- Buyer/seller needs, wants and expectations
- The difference between 'buying out' and 'buying in'
- Financing and ownership options
- Planning and preparation techniques

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Cathy Buckingham, 314 983-4245, CMBuckingham@aoa.org

Optometry's Meeting® sure to please on Friday

Friday at Optometry's Meeting® will be filled with continuing education geared toward all optometrists, from those new in practice, to those who are longtime practitioners.

Attendees can start the day off with a free breakfast seminar.

Topcon is providing an unrestricted educational grant for **"Using Retinal Cameras as Screening and Diagnostic Tools"** course #B201, from 6 a.m. to 7:30 a.m. This course discusses the use of retinal photography as both a screening and diagnostic tool. Screening done at the onset allows the images to alert the clinician if a problem that warrants further investigation is present. (Lecturer: M. Fingeret, O.D.)

Transitions is providing an unrestricted educational grant for a free breakfast seminar, **"The Triangle of Trust,"** course #B202, from 6 a.m. to 7:30 a.m. (Lecturers: M. Brujic, O.D., and L. Pierce)

This course will discuss how a team approach is necessary and beneficial in today's contemporary eye care practice while personalizing options for each of your patients. Paraoptometrics should register for P200.

CooperVision is providing an unrestricted educational grant for a free breakfast seminar, **"The Allergic Patient Can Wear Contact Lenses,"** course #B203, from 6 a.m. to 7:30 a.m. (Lecturer: B. Townsend, O.D.)

This course will discuss the best therapeutic treatments for the contact lens wearer and will help doctors better manage contact lens complications associated with ocular allergy.

Synergeyes is providing an unrestricted educational grant for a free breakfast seminar, **"Recent Developments in Hybrid Contact Lens Technology,"** course #B204, from 6 a.m. to 7:30 a.m. (Lecturer: D. Kading, O.D.)

This course will review where the technology has progressed over the last couple of years and what the latest options are with hybrid lenses.

Allergan is providing an

unrestricted educational grant for **"Increasing the Medical Side of Your Practice – Where to Start and What to Treat,"** course #2008, from 8 a.m. to 10 a.m. (Moderator: D. Devries, O.D.; Lecturers: M. Bloomenstein, O.D., B. Gaddie, O.D., and J. Thimons, O.D.)

The panel will present common acute and chronic cases from a testing, treatment, and billing perspective. This course will assist optometric practitioners in expanding the "Medical Model"

the way we practice? These topics and others will be discussed to help guide you and your practice to a practice of the future. Paraoptometrics should register for P225.

Signet Armorlite is providing an unrestricted educational grant for **"Yes, I Want a Million-Dollar Practice!"** course #2510, from 10 a.m. to noon. (Lecturers: H. Braverman, O.D.; J. Krall, O.D.; D. Nelson, O.D.)

This course will teach attendees how to deal with managed care, maximize staff

manifestations of ocular disease, inheritable conditions and others.

CIBA Vision is providing an unrestricted educational grant for the **"New in Practice Series - Session #2: Financial Management,"** course #0210, from 10 a.m. to noon. (Lecturers: K. Davis, O.D., and L. Sorrenson, O.D.)

This course will discuss accounting concepts such as cash flow, gross versus net profits, profit/loss statements, and balance sheets.

Also topics such as

Vistakon® are co-sponsoring the **Contact Lens and Cornea Section (CLCS) State of the Industry Luncheon** from noon to 1 p.m. Register for #0225. Bausch + Lomb is also sponsoring the **CLCS Luminary Award for Distinguished Practice.**

Immediately following the luncheon, CIBA Vision is providing an unrestricted educational grant for the **"CLCS Korb Award Lecture of Excellence,"** course #2312, from 1 p.m. to 2 p.m. (Lecturer: S. Fleiszig, O.D., Ph.D.)

Join this year's award winner and get updated on the most current information in anterior segment physiology and contact lens information. This important lecture will contain the information you need to completely understand current thinking in corneal metabolism, physiology, and the role of contact lenses on the eye.

The AOA Education Theater will feature **"Contemporary Case (Clinical Data) Management in a Technology-Integrated Environment,"** available through an unrestricted educational grant from Eyefinity/OfficeMate. Course #T232 is from noon to 1 p.m., and course #T233 is from 1:30 p.m. to 2:30 p.m. (Lecturer: L. Lippiatt, O.D.)

This course will describe various electronic documentation and image management strategies available today, and the value of these techniques in providing better and reportable patient outcomes.

The Complete Refractive Solution Theater will feature **"New Concepts in Management of Dry Eye,"** course #T237, available by an unrestricted educational grant from AMO from noon to 1 p.m. (Lecturers: C. Ficco, O.D., and J. Thimons, O.D.)

Studies suggest that as many as 50 percent of patients with ocular surface disease are misdiagnosed. In many cases, this leads to ineffective and

See Friday, next page

On Friday morning, the "New in Practice Series - Session #2: Financial Management" will allow participants to leave with a good basic understanding of the financial aspects of running a practice.

within their practice to elevate both the quality of care to patients and the financial stability of the practice.

Carl Zeiss Meditec is providing an unrestricted educational grant for **"Utilizing Spectral Domain OCT,"** course #2210, from 10 a.m. to noon. (Lecturers: M. Fingeret, O.D., and R. Madonna, O.D.)

Spectral Domain OCT is a new and exciting technology that allows a detailed assessment of the optic disc, retinal nerve fiber layer, and macula to a level of resolution not previously possible. The course will describe the technology's application and clinical examples of its use.

Bausch + Lomb is providing an unrestricted educational grant for a combined OD and Paraoptometric course **"Focus on the Future: Practice Innovations in Contact Lens and Anterior Segment Disease,"** course #2310 from 10 a.m. to noon. (Lecturers: B. Eiden, O.D., C. Sindt, O.D., L. Zigler, O.D.)

These experts will lead you into the future of contact lens and anterior segment disease practice. What instruments are coming? What new therapeutics are on the way, and how will they be delivered to the eye? How will new lens designs and solutions change

efficiency and differentiate the practice from a retail practice and will also explain the metrics of measuring staff training and performance.

TLC Vision is providing an unrestricted educational grant for **"The Ladies of LASIK" Rapid Fire—Laser Vision Correction Patients,"** course #2710, from 10 a.m. to noon. (Moderator: A. Morgenstern, O.D. Lecturers: D. Holsted, O.D., M. Jones, O.D., and J. Sturm, O.D.)

This group of three exceptional optometrists has been working on the front lines of laser vision correction and bring many, many years of experience to the table. They have seen it, done it, taught it, and developed the current and new technologies used in the field. Now they bring it all to you in a rapid-fire presentation format.

The Vision Care Institute™, LLC is providing an unrestricted educational grant for **"Sports Vision University: Performing a Comprehensive Sports Vision Evaluation"** course #2810, from 10 a.m. to noon. (Lecturers: A. Berman, O.D. and F. Horn, O.D.)

This course will present a series of complex cases on a variety of topics, including infectious disease, systemic

expense categories, tracking your office numbers compared to national optometric data, staff productivity, and contribution margin. The participant will leave with a good basic understanding of the financial aspects of running a practice.

The AOA Education Theater will feature **"Managing Contact Lens-Related Complications,"** course #T231, from 10:30 a.m. to 11:30 a.m. (Lecturer: B. Townsend, O.D.)

This presentation covers differential diagnosis, management, and prevention of contact lens-related complications.

In the Complete Refractive Solution Theater, AMO is providing an unrestricted educational grant for **"Laser Vision Correction Today: New Femtosecond Applications,"** course #T236, from 10:30 a.m. to 11:30 a.m. (Lecturer: P. Karpecki, O.D.)

This session will discuss how surgeons are going beyond the basics and using femtosecond technology to assist in corneal transplants and lamellar endothelial keratoplasty. This course will detail the latest and greatest in laser vision correction, including future applications of femtosecond technology.

Bausch + Lomb, CIBA Vision, CooperVision, and

Friday,

from previous page

inappropriate means of treatment. This course will review the best new options in customized therapy for dry eye patients.

The Complete Refractive Solution Theater will feature **"An Update on Contact Lens Care: Clarifications and Current Research,"** course #T238, sponsored by AMO from 1:30 p.m. to 2:30 p.m. (Lecturers: M. Hom, O.D., and T. Kislán, O.D.)

This update will include the latest research to clarify some contact lens care questions. This course will provide evidence-based contact lens care updates and best practices.

CIBA Vision is providing an unrestricted educational grant for **"Double Jeopardy: Contact Lenses and Anterior Segment Disease,"** course #2315, from 2 p.m. to 4 p.m. (Lecturers: P. Karpecki, O.D., and L. Zigler, O.D.)

Two experts will review diseases that are contact lens induced and contrast them with anterior segment diseases that complicate our decision-making in the medical management of contact lens. Having a better knowledge of how to manage contact lens and anterior segment diseases will help prevent patients from dropping out of contact lenses and make your practice grow.

Heidelberg Engineering is providing an unrestricted educational grant for **"Advancing Primary Eye Care Through Technology,"** course #2715 from 2 p.m. to 4 p.m. (Lecturer: A. Cavallerano, O.D.)

Primary care optometrists are embracing technology as a means of detecting and managing some of the most important sight-threatening ocular disorders, including diabetes, macular degeneration, and glaucoma. This course will explore the role of the optometrist in detecting these diseases and how the emergence of new technologies, such as spectral domain OCT and cSLO, can expand the boundaries of comprehensive primary eye care.

"Sports Vision

University: Visual Performance Enhancement for Athletes," course 2815, supported by an unrestricted educational grant from The Vision Care Institute™, LLC, will be from 2 p.m. to 4 p.m. (Lecturers: A. Berman, O.D., F. Horn, O.D.)

Management considerations for refractive compensation, enhancement filters, contact lenses, and refractive surgery for athletes are highlighted. Protective eyewear issues and options are presented with discussion of ocular trauma management. Vision training techniques that can be used to enhance essential visual skills are emphasized. Issues concerning sports improvement and adjustments in strategy will be discussed.

CIBA Vision is providing an unrestricted educational grant for the **"New in Practice Series - Session #3: Marketing and Networking for Practice Growth"** course #0240, from 2 p.m. to 4 p.m. (Lecturer: M. Bacigalupi, O.D.)

This course will review marketing strategies and suggest creation of a year-long strategic plan to maximize the return on your marketing investment. Personal and professional networking will be discussed as methods to supplement and sustain practice growth.

The AOA Education Theater will feature **"Identifying, Assessing, and Managing Progression in Your Glaucoma Patients,"** course #T234, from 3 p.m. to 4 p.m. (Lecturer: R. Madonna, O.D.)

Using case presentations, this course discusses current methodology available to assist the clinician in making decisions about whether patients have progressed and how best to manage progression when it does occur.

The Complete Refractive Solution Theater will feature **"Refractive Cataract Surgery - How to Keep Your Practice Current and Your Patients Happy,"** course

See Friday, page 18

Optometry's Meeting®: Striving to meet your continuing education needs

Kirk Smick, O.D., chair of the Optometry's Meeting® Continuing Education Committee

Come June 16-20, it's all about education in Orlando.

Attendees will have the opportunity to learn from some of the most distinguished lecturers in the nation. New topics, new lecturers, and more free CE than ever before! Continuing education begins in the afternoon on Wednesday, June 16 and continues through Sunday, June 20.

Attendees can increase their knowledge and possibly even gain a new perspective at this year's Optometry's Meeting®. Courses will highlight and discuss some of the most relevant areas of optometry today.

Kick your week off on Wednesday from noon to 3 p.m. by attending "EHR—Deadlines Have Been Set." This course will teach you what you need to know about electronic health records for the next 12 months. Learn about government incentives, changes with ICD-10s and e-prescribing, and how health care reform is changing the face of EHRs. Directly following the presentation, companies will be available to answer questions to help you find the product to best fit your practice needs, so you can select, implement, and maintain a successful EHR system. This course is open to optometrists, paraoptometric, and students. Bring the office and receive a discounted rate!

You demanded it—we're providing it! Join key opinion leaders as they present recent, "need-to-know" data on topics such as glaucoma, anterior segment, intermediate vision, and laser vision correction in a rapid-fire format. These panel programs will be succinct and fast-paced so listen carefully to these presentations or you'll be asking "What did they say?" Join the experts as they present rapid-fire sessions consisting of 10- to 12-minute presentations on the latest knowledge in each topic. The rapid-fire education track will take place on Friday and Saturday.

Florida licensees will have many reasons to attend. Check out Sunday's program and fulfill your Florida license requirements. Attend "Medical Errors and Omissions" and "Florida Laws and Rules For Optometric Physicians" to satisfy the Florida statutes that mandate all licensees complete a two-hour course on prevention of medical errors and a two-hour course on Florida laws and rules. Also, look for the 16 courses designated as CEE (Continuing Education with Examination) on the CE grids to fulfill your Florida CEE requirements.

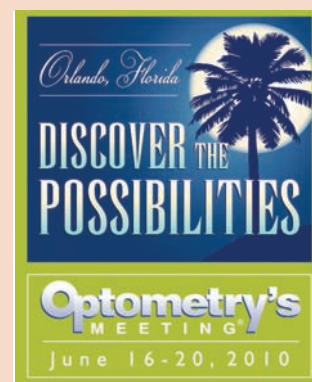
A team approach is beneficial and necessary in an eye care practice, so we have incorporated a team approach to learning into the OD and paraoptometric programs. OD and paraoptometric joint courses will include a variety of topics to ensure your office is providing the best in patient care. Course topics will include implementing EHR in your practice; developing a business plan for the optical department; enhancing your patients' visual experience through technology and products; caring for your infant patients; and understanding the medical model for health care delivery, coding, billing, and reimbursement.

The paraoptometric program consists of three new tracks of education that will not disappoint! The three tracks will cover clinical, optical, and practice management education. All of the courses are designed to keep the optometric staff educated on the latest developments in patient care, new products in the industry, general knowledge of eye health, and career advancement.

In true American Optometric Student Association fashion, the student program is guaranteed to benefit the future of optometry. The education program includes courses that will give students valuable information about owning and marketing a practice, networking, and preparing for the National Board Exams. We also have two new programs, Sight Quest and Career Central, that will assist in making connections for the future of optometry.

This year attendees can enjoy a choice of 30 hours of free education, included in the base registration fee, courtesy of some of the premiere companies in the profession. This is the largest number of free courses ever offered, keeping Optometry's Meeting® the best value in our profession. We understand the tough economic times; therefore, we are once again increasing our complimentary offerings. These courses will fill up fast, so register early to reserve your seat!

Come join us at the 113th Annual Congress & 40th Annual Conference: Optometry's Meeting®. Visit www.optometrymeeting.org for complete information and to register today!



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LETTERS

Are we competent enough?

Dear Editor,

The AOA has represented our profession well for many, many years. I have been a member for over 35 years. However, I am still struggling with the decision made in 2009 by 55 percent of AOA's delegates who voted to have national board certification on a volunteer basis. I understand the logic, but I need to express my thoughts, and ask a question.

When the vote was taken, 55 percent of the delegates effectively gave the health care system in the U.S. and all the optometrists in the U.S. the perception that 100 percent of us are incompetent, and that the only way we can become competent again is to take another test designed by the AOA and the ABO. If we take the test and miss the cut-off by a few points or don't take the test at all then provider panels will eventually consider us not worthy to be on their panel. This is real. A competent optometrist I know was kicked off the VSP panel because he elected not to get therapeutic certification. We too can be kicked off panels and as a result our ability to produce an income for our families will be damaged. Are we competent enough? That is the question I struggle with.

In my office, I may not remember how to define Zernike Polynomials or how to prescribe for *Acanthamoeba* on a written test, but in my office I have current textbooks and journals on my desk to look up things and a telephone to call colleagues for help. I can also remove foreign bodies from corneas, can co-manage cataract surgery, LASIK, and corneal transplants, and can prescribe antibiotics, steroids, etc. for patients and help people see every day. I have

passed the national and state board exams, have eight years of college, received a doctorate in optometry, have taken approximately 1,200 hours of continuing education over my career and have had my license renewed every two years 20 times. But am I competent?

Like it or not, the AOA in reality is giving the perception to everyone that we are not competent unless we take another test. If this is not the intent of the AOA, and I don't think it is, then the AOA should be pro-active in helping us prepare for and pass this additional test.

I don't think any of us want to be tested on things we aren't thoroughly familiar with and don't have textbooks for, and have no way to prepare for. We also don't want to expend extra funds for travel housing, etc., if the outcome isn't productive, beneficial, and fairly certain. I hope the AOA will give this a lot of wise thought and help us overcome the No. 1 psychological fear of people in America today, which is fear of job loss and income and fear of failure.

Some of us don't test well, but we are still competent and contribute a lot to our profession. Please help us and not hurt us.

Bill Morrison, O.D.
Gainesville, Georgia

At the request of the AOA News, AOA President Randy Brooks, O.D., replied:

Thank you, Dr. Morrison, for a letter that contains some very real concerns. I, like you, am deeply insulted by the notion that I may need to PROVE, through the process of board certification, that I remain competent to provide my patients with high-quality care.

Our profession has wisely, in my opinion, determined that it is in our patients' best interests, and in our own best

Friday,
from page 15

#T239, available by an unrestricted educational grant from AMO from 3 p.m. to 4 p.m. (Lecturers: D. Cunningham, O.D., and K. Mastrotta, O.D.)

Come to this session to hear the latest information on lasers, corneal topographers, and lens-based refractive surgery. The course will include an evidence-based review of current surgical options and future technologies.

Discussion will include tips to help you determine patient candidacy and maximize patient satisfaction with customized treatments.

In the Complete Refractive Solution Theater, AMO is providing an unrestricted educational grant for "Targeting Refractive Success: Moving Beyond 20/20 with Advanced Technologies," course #T240, from 4:30 p.m. to 5:30 p.m. (Lecturers: M. Bloomenstein, O.D., J. Owen, O.D., and B. Tullo, O.D.)

New updates in refractive surgery are providing patients with better quality of vision. Join the experts for a discussion on the latest updates in

interests, to align our training, privileges and reimbursement with that of our peers in other medical professions.

Over the decades, that policy has served our profession well, with increased scope of practice and inclusion with other physicians as providers of medically necessary care.

However, being aligned with other physicians also means we must adapt to broader changes in health care, and the rest of health care is being called on to PROVE continued competence in addition to the minimum requirements for licensure.

Note the emphasis on "PROVE," not "competence." Optometrists have long been treating patients competently, and no one, especially not the AOA, is saying differently.

Our low malpractice



While taking a break from all Optometry's Meeting® has to offer, guests at the Orlando Science Center can explore the mysteries of the outer limits through the largest publicly accessible refractor telescope in the state of Florida.

Photo credit: Orlando/Orange County Convention & Visitors Bureau, Inc.

laser vision correction.

Alcon is supporting education through unrestricted educational grants at Optometry's Meeting®.

Following a full-day of continuing education, attendees can head to the Exhibit Hall for Buck-a-Beer Night from 4:30 p.m. to 6:30 p.m.

The AOA Foundation will honor a new group of inductees into the National Optometry Hall of Fame during an hors d'oeuvres reception on Friday from 5:30 p.m.

to 7 p.m. Since its inception, 51 individuals have been inducted into the Hall of Fame. Come congratulate the luminaries of the optometric profession, celebrate their accomplishments, and listen to their stories. Visit the display during regular hours in the Exhibit Hall booth 1935.

Register for function #0250.

Registration and housing for Optometry's Meeting® is now open. For more information, visit www.optometrysmeeting.org.

rates and our ever-expanding scope of practice bear witness that you and I and our peers are well-qualified and skilled at providing excellent patient care. However, if we are going to be part of mainstream health care, we have to play by the same rules.

Payers are poised to require the medical professions to PROVE they are competent, and board certification and maintenance of certification are an easily understood, means of independently demonstrating competence that is not tied to licensure. So we, as a profession, need to be prepared to act accordingly.

I think your concern about having to learn Zernike Polynomials is valid, and that is another reason why the AOA and other professional organizations felt strongly

that practicing optometrists, not the government, legislators, regulators or payers, needed to take the lead in creating a system of board certification and maintenance of certification. It is the essence of an independent profession to regulate itself.

As the American Board of Optometry develops the testing curriculum, you can be assured that the AOA will be looking at ways to ensure that the education needed to take the test is convenient and affordable.

The AOA Board pledges to develop review coursework and provide it to each and every state affiliate so that every member can receive the educational tools needed to assist them in successfully passing the board certification examination. You and every other member deserve no less.

AOA CD-ROM details impact of diabetes on eyes

A new, updated edition of the AOA's highly popular Healthy Eyes Healthy People® Diabetes CD allows public health officials, health care professionals, and diabetes educators to easily access a range of helpful, evidence-based public education materials on the ocular manifestations of diabetes.

Introduced several years ago to provide a compendium of the most widely used AOA information on diabetes-related eye problems in a convenient digital form, the Healthy Eyes Healthy People® Diabetes CD proved an immediate hit with diabetes care professionals across the nation.

The new revised version of the Healthy Eyes Healthy People® Diabetes CD, set for release in March, includes additional materials from the National Diabetes Education Program (NDEP) and National Eye Health Education Program (NEHEP).

"The Healthy Eyes Healthy People® Diabetes CD can greatly facilitate efforts to help those with (or at risk for) diabetes understand the

impact of the disease on their eyes," said W. Lee Ball, O.D., AOA Healthy Eyes Healthy People® Committee member and staff optometrist at Boston's Joslin Diabetes Center. "Easy to pack in a satchel or briefcase, the CD-ROM makes it simple to always have a good selection of the most widely used evidence based educational materials available. You can provide the most appropriate

time-tested AOA materials explaining how diabetes affects the eye (with eye schematic), common eye problems associated with the disease (including a glossary of common terms), and tips for maintaining good eyesight despite diabetes.

In addition, the CD-ROM now includes NDEP Control Your Diabetes for Life literature (with specific advice for blacks, Hispanics,

English and Spanish version.

The CD-ROM now also includes new AOA information on glaucoma, cataracts, macular degeneration, refractive error, cranial nerve palsies, dry eye and other conditions often seen in patients with diabetes.

The new edition of the CD-ROM has been reviewed and revised to ensure it reflects the latest clinical research, Dr. Ball added. The AOA Healthy Eyes Healthy People® Committee worked closely with the National Eye Institute's NEHEP Deputy Director Neyal Ammary-Risch, MPH, on the project.

"The American Optometric Association has consistently been at the forefront of the growing effort to prevent diabetes-related eye problems," said John Whitener, O.D., the director of the AOA Council on Research, who first developed the CD-ROM along with Dan Bintz, O.D., Paul Holland, O.D., and Norma Bowyer, O.D., MPH.

The AOA supports diabetes control measures and other eye-related objectives outlined in the national Healthy People 2010 public health agenda, under a memorandum of understanding with the U.S. Department of Health & Human Services.

The AOA plans to dis-



tribute up to 1,500 copies of the CD-ROM, free-of-charge while supplies last, through the AOA Healthy Eyes Healthy People® displays at this year's Centers for Disease Control and Prevention (CDC) Diabetes Translation Conference (April 13-16, 2010, in Kansas City, Mo.) and the American Association of Diabetes Educators 37th Annual Meeting and Exhibition (Aug. 4-7 in San Antonio, Texas).

Some 1,200 copies of the CD-ROM were distributed at last year's meetings before supplies ran out.

Copies of the Healthy Eyes Healthy People® Diabetes CD can be purchased for a nominal fee by contacting the AOA Order Department at 800-262-2210.

For additional information regarding the CD-ROM, contact AOA Healthy Eyes Healthy People® staff person Uzma Zumbrink at 800-365-2219, ext. 4267 or UAZumbrink@aoa.org.

"The Healthy Eyes Healthy People® Diabetes CD can greatly facilitate efforts to help those with (or at risk for) diabetes understand the impact of the disease on their eyes."

information by printing copies as needed to distribute to patients, other diabetes team care providers and community leaders."

All of the materials stress the importance of annual dilated eye examinations for those with, or at risk for, diabetic retinopathy, Dr. Ball emphasized.

The CD-ROM features

Native Americans and Alaska Natives) as well as the NEHEP publications "Diabetic Eye Disease: An Educator's Guide," "Don't lose sight of diabetic eye disease," and a handbook, "Educating Your Community About Diabetic Retinopathy: Tips and Tools for Making Vision a Health Priority." All materials are printable in an

DRE,

from page 13

1995, 2000 and 2005.

In addition, DRE officers examine pupil size and reaction to lighting as means of detecting the use of illegal substances.

The measuring of specific differences and deviations from normal pupil size has become a key part of the DRE evaluation process.

Several optometrists have played important roles in the development of the DRE program.

New England College of Optometry professor Jack Richman, O.D., and Pacific University College of Optometry professor Karl Citek, O.D., conducted key research for the program on the relationship of eye movements and pupil function to

drug and alcohol use.

They lecture on the subject across the nation.

Dr. Jack Richman, who is both a certified Drug Recognition Expert officer and DRE program instructor, serves as the medical consultant to the IACP Police Highway Safety Committee's technical advisory panel and worked with law enforcement officers to establish the DRE Program's pupil measure standards.

The IACP, NHTSA and NDAA have utilized optometrists as consultants on the research and development of Standardized Field Sobriety testing including HGN and the DRE protocols. A number of optometrists across the country already

provide training to law officers as part of DRE programs.

D. Robert Pannone, O.D., and E. Robert Bertolli, O.D., teach the vision science behind Standardized Field Sobriety Tests and drug detection at the Connecticut Police Academy.

The Connecticut and New Jersey optometric associations hope more optometrists in their states will now become similarly involved in local DRE programs, Dr. Harvey Richman said.

"The doctor of optometry is the health care professional who is most familiar with the intricacies of vision science, physiology and human performance," Dr. Richman said.

Medicare pay patch extended to March 31

President Obama on Tuesday (March 2) signed into law the federal Temporary Extension Act which keeps Medicare physician reimbursements at present levels through March 31. The action effectively forestalls a planned 21 percent Medicare fee cut which was to take effect this month. In a related action, the U.S. Centers for Medicare & Medicaid Services (CMS) announced it would resume normal processing of Medicare claims.

The CMS had instructed carriers to suspend claim processing for the first 10 days of this month to give Congress time to avert the planned pay cut (see AOA First Look, March 1, 2010). This month's action marks the second time lawmakers have intervened to prevent the planned 21 percent pay cut which was originally slated to become effective on New Years Day. The AOA Advocacy Group is continuing to work with legislators to further stabilize Medicare pay rates over both the long and short term.

ABO, from page 1

for initial board certification early in 2011.”

ABO Bylaws

Bylaws adopted by the board emphasize the purposes stated in the ABO Articles of Incorporation:

- ❖ The corporation will oversee a process for board certification of optometry.
- ❖ The certificate conferred by the corporation upon optometrists may be used for credentialing purposes only. Certification will not confer legal qualification, privilege, or license to practice optometry.
- ❖ The corporation will not in any way interfere with or limit the professional activities of any duly licensed optometrist who is not certified by the corporation.
- ❖ The corporation will not

interfere with other currently established optometric subspecialty certifications or credentials such as Fellowship in the College of Optometrists in Vision Development, Fellowship in the Neuro-Optometric Rehabilitation Association, and Diplomate programs of the American Academy of Optometry.

- ❖ Certification and maintenance of certification for optometry will be established by the corporation as a means of demonstrating ongoing clinical competence independent of established licensing and regulatory boards.

Initial board certification

The requirements for initial board certification follow the recommendations of the

profession, allowing a three-year phase-in period, similar to the processes of medical specialties in their formative years.

“The initial application requirements are not that different from what was originally voted on at the AOA House of Delegates,” said Dr. Cockrell. “And every bit of this will be able to be done online.”

Acceptance of application will confer active candidate status to the optometrist.

The educational requirements during this phase-in period allow numerous ways to qualify for the examination. (See box below.)

The actual board certification examination will be conducted at centers located across the country and will be computer-based.

“No optometrist, in order



David A. Cockrell, O.D., chairman of the ABO Board of Directors, and Jeff Weaver, O.D., ABO executive director, provide updates on the board certification process at SECO last month.

to comply with this program, should have to leave their home state,” said Dr. Cockrell.

ABO logo

As one of its first actions, the ABO sponsored a logo design contest through the American Optometric

Student Association.

The ABO logo was inspired by Roy Gordon, a third-year optometry student at the University of Missouri-St. Louis College Optometry.

Gordon’s entry was chosen from 40 entries from across the country.

For more updates, visit www.abopt.org.

ABO requirements:

INITIAL APPLICATION REQUIREMENTS (Online)

- a. Supply demographic information
- b. Submit Application Fee
- c. Identify Initial Qualifying Requirements:
 - i. Graduation from School or College of Optometry accredited by the Accreditation Council on Optometric Education (ACOE).
 - ii. Active License to practice therapeutic optometry in a State, District of Columbia, U.S. Commonwealth or Territory.
- d. State adherence to principles of the Optometric Oath.
- e. Affirm that all supplied information is true and correct.
- f. Grant permission to the American Board of Optometry to verify all credentials.
- g. Authorize search of National Practitioner Data Bank (NPDB) and Health Integrity and Protection Data Bank (HIPDB).

Upon confirmation of the application requirements, the American Board of Optometry will confer **Active Candidate** status for a period of one year.

Active Candidates may renew this status for up to three years total by submitting proof of completion of **50 points** toward the Post-Graduate Educational Requirements for each year of eligibility.

POST-GRADUATE EDUCATIONAL REQUIREMENTS

To become eligible to take the examination, Active Candidates must attain 150 points within the three years prior to exam application.

DURING PHASE-IN PERIOD (2010-2012):

Residency (ACOE Accredited)	150 Points
Fellowship in the American Academy of Optometry	50 Points
Fellowship in the College of Optometrists in Vision Development	50 Points
Experience in Clinical Practice	Up to 150 Points
<i>Accrued equal to 5 points per year of active practice.</i>	
Education	Up to 150 Points
Category 1 Education (Up to 150 Points)	
<i>Continuing Education conferences, meetings or workshops carrying ABO-authorized credit. [Minimum of 50% of Education Points must be Category 1]</i>	
Continuing Education – 1 Point per Hour	
Continuing Education with Examination (CEE) – 2 Points per Hour	
Category 2 Education (Up to 75 Points)	
<i>Other educational activities or scholarly activities. Variable credit.</i>	
<i>[Maximum of 20% of the total Education Points can be from any sub-category.]</i>	

EXAMINATION APPLICATION REQUIREMENTS

1. Complete 150 Points within the prior three years
2. Submit evidence of three years of active licensure and clinical practice OR completion of an ACOE-Approved Residency
3. Submit the online *Examination Application* and schedule Board Certification Examination.

Active Candidates should pass the Examination within 12 months of submitting the Examination Application. [Any optometrist who does not pass within 12 months may re-apply for the examination but is subject to the Post-Graduate Educational Requirements. In addition, “Active Candidate” status applies for a maximum of 4 years.]

Upon successful completion of the Board Certification Examination, the American Board of Optometry will confer **Board Certified** status to the optometrist for a period of 10 years. Board Certification must be kept current through enrollment in the American Board of Optometry 10-year **Maintenance of Certification** process.

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www.aoa.org

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Title #1
Doctor of Optometry
Name #2

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State
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63101
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Vision & Lifestyle

- **General eyeglass prescription may not be adequate.** Computers are usually further and higher than a typical reading task. Glasses for most people wearing bifocals are not adjusted for this new distance or angle and therefore often are not adequate for using the computer.

- **Repetitive and stressful tasks.** Computer tasks are challenging. Don't forget to take occasional breaks and let the eyes look far away while resting.

Tips for Healthy, Comfortable Vision at the Computer

While decreasing time spent at a computer may not be an option, there are ways to maximize healthy vision for comfortable use of the computer.

- Have a regular comprehensive eye exam to ensure your eyes are healthy and that you have the correct eyeglasses or contact lens prescription (if necessary). Be certain to tell your optometrist about the computer work you do.
- Wear glasses that are specifically designed to function comfortably at the computer. The lenses you wear for day-to-day activities may not be the best for working at the computer:
 - Remove eye glasses
 - Blink frequently
 - Use a humidifier
 - Install artificial tears

After you have had a comprehensive eye examination, there are a number of things that you can do to arrange and use the elements of your workstation to eliminate or minimize discomfort.

Workstation Setup for Comfortable Computer Use

- Feet should be flat on the floor (or on a slightly angled foot rest) with knees bent close to or greater than 90 degrees.
- Chair seat should support the legs without excessive pressure on the back of the thighs.
- The back should be snug against the seat to fit your spinal contour. Thigh-to-trunk angle should be 90 degrees or greater.
- Wrists and hands should extend nearly straight from the elbow to the horse ring of the keyboard.
- A commonly preferred work surface height for keyboard use is about 26" as opposed to the conventional 29" of most tables or desks.
- Place the monitor 20"-28" from your eyes, depending on the size of the monitor and individual vision conditions.
- The monitor and keyboard should be straight ahead.

- The top of the monitor should be slightly below horizontal eye level. Tilt the top of the monitor away from you to a 10 to 20 degree angle. The center of the monitor should be 10 degrees to 20 degrees below your eyes. This is 4"-9" below your eyes at a distance of 24".

- Keep the monitor free of fingerprints and dust. Both can reduce clarity.
- Place document holders close to the screen within the same viewing distance. Keep the keyboard and monitor in line.
- Adjust the keyboard tilt angle so that wrists are straight.

Healthy Computer Use

Although the visual system faces considerable challenges when using a computer, most issues can be solved. Remember that problems with the use of the computer cause needless discomfort and may rob productivity. Heeding the suggestions made here, along with those given by your doctor of optometry, will enable you to use your computer comfortably and productively.

& Lifestyle

of Flicker
monitor
screen should
of a concern

angles-It
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adjustment.

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Also Available Online... (more items coming soon)

The collage features a variety of educational and promotional materials for the optometric profession. At the top left, a brochure titled 'TAKE CONTROL OF Diabetic Retinopathy Today' provides information on early detection and treatment. Next to it is a similar brochure for 'TAKE CONTROL OF Glaucoma Today'. In the center, a large poster reads 'CODES FOR OPTOMETRY 2010'. To the right, a poster titled 'How do we choose which children are okay to miss?' discusses the importance of early vision screening. Below this, a 'Be Wise About Your Eyes' children's book is displayed. On the left side, a brochure titled 'Doctors on the Frontline of Eye and Vision Care' highlights the role of optometrists. At the bottom, a row of brochures covers specific eye conditions: 'Presbyopia', 'Cataracts', 'Vision Therapy', 'Macular Degeneration', and 'Fluorescein'. To the right of these is a 'Glasses Emergencies: What To Do' poster. At the bottom right, a 'Doctor of Optometry' diploma is shown, awarded to a graduate of the American College of Optometry.

Go to: www.aoa.org and follow the link to the AOA Online Store...

If you have an AOA member ID number, please log in with the following information:

Username: your six-digit AOA member ID

Password: your six-digit birthday (MMDDYY)

If you do not know your six-digit member number, call the AOA at (800) 365-2219 between the hours of 8 a.m. and 5:00 p.m. CT, Monday through Friday or send an email to logon@aoa.org.



FROM THE AOA

Getting onboard

Barry Barresi, O.D., Ph.D.,
AOA executive director

For several months the AOA has been alerting members about the fast-paced developments regarding new government financial incentives for optometrists to adopt the use of electronic health records (EHRs). However, knowing that News articles and e-blasts just were not sufficient, we mobilized a broad-based team of member volunteers, state executives, industry leaders, St. Louis and Washington office AOA staff. The result is a national rollout of an expertly packaged CE program to be offered by AOA state affiliates in 26 states. Those states have already expressed interest with the program for 2010 presentation dates (with one scheduled for 2011).



Dr. Barresi

Special thanks goes to AOA members Drs. Phil Gross, Jay Henry and Ken Eckland for their participation as our core lecture team. Dr. Gross has also carried a heavy load as the point person for curriculum development and project planning. Dr. Mary Beth Rhomberg is fantastic as our staff lead with great participation from the AOA Industry Relations Center, Advocacy Group, Communications Group and the Clinical and Practice Advancement Group.

One of the exciting elements of this national collaboration is how we are supporting and funding the program to maximize membership access and value. The AOA is teaming up its ability to raise industry sponsorship dollars and pool national experts with the state affiliates' skills in running first-class educational meetings. This team work is bringing a nationally developed quality program to the states at subsidized cost. Affiliates have full flexibility to structure the local education program according to the best interest of the state association and its members.

The national EHR Preparedness Project is a great example of the power of our federated structure of the AOA and affiliates cooperating on a key issue of benefit to members. Yes, we are focused on a quality program on EHRs, but we all realize that this is a collaboration tactic that applies to other educational needs.

We are already exploring other ways that the AOA can better support our affiliates' capacity for innovative educational programs that best serve member needs. Strong affiliates make for a strong AOA federation and enhanced value for all members.

President,

from page 4

contact with you alma mater, it is refreshing and rewarding to speak by phone or in person to prospective optometry students about our great profession and your personal experiences both as a student as well as a practitioner.

The key thing to keep in mind: Remember you are talking to future colleagues, future potential partners and future leaders. They want to

know us, to look up to us, and to work with us to strengthen the profession they're entering. Investing a little time and genuine interest to welcome them and make them feel included is the right thing to do as a professional and will pay dividends for optometry down the road.

InfantSEE® an AOA family affair

Fred Goldberg, O.D., Immediate Past President of the Virginia Optometric Association, provides an InfantSEE® assessment for 9-month old Rebecca Hymes, daughter of AOA staffer Jon Hymes.



In partnership with state optometric associations and Federal Keypersons, the AOA Washington office has been successful in securing more than \$1 million in federal funding to expand the reach

of the lifesaving and sight-saving InfantSEE® initiative, including two new congressional "earmarks" added to an

FY 2010 appropriations bill at the urging of U.S. senators Robert Byrd (D-W.Va.) and Tom Harkin (D-Iowa).



The 2010 Optometry's Meeting® presents AOA's Career Central. A new learning and networking opportunity for all attendees!

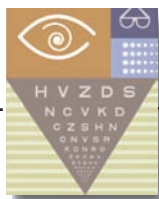
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Capitalize on your career at Career Central:

- * **Network** with several ophthalmic modalities
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- * **Exchange** information with companies and practices
- * Focus on your **future** in optometry

Be sure to register for AOA's Career Central Career Fair on Friday, June 18 from 10:00am - 2:00pm; Function #0213. You may also register for several Career Central courses offered Thursday through Saturday. For complete details visit www.optometrymeeting.org.

**Register for
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SPOTLIGHT ON AOA MEMBERS

Ky. optometrist develops iPhone app to predict glaucoma risks for patients



Austin Lifferth, O.D., partnered with a software engineer to create an iPhone app that estimates patients' risk for developing glaucoma.

After going through the regular hassle of hunting down his risk calculator, Kentucky practitioner Austin Lifferth, O.D., decided he needed a new way to estimate his patients' risk factors for glaucoma and ocular hypertension.

Dr. Lifferth contacted software engineer Zachary Smith, and they partnered to create a new iPhone/iTouch "app" called "P.R.E.D.I.C.T." (Patient Risk Estimator Directing Individual Care and Treatment).

"It can be very useful to every clinician as they care for their patients with untreated ocular hypertension," said Dr. Lifferth. "We know that

intraocular pressures are really the only modifiable risk factors for developing glaucoma, and we also know that there are different factors that can affect their values and validity. Furthermore, as doctors we realize that these measurements are isolated moments in time, yet we depend on them to direct our decision to begin treatment for the patient or continue to monitor closely without treatment."

Several studies have allowed optometrists to take a more evidenced-based approach to caring for patients with elevated intraocular pressures.

The Ocular Hypertension Treatment Study and the

Early Treatment Glaucoma Study identified five predictive factors (age, intraocular pressure, central cornea thickness, higher pattern standard deviation, and cup-to-disc ratio) that increased the

patient's risk for developing glaucoma over the course of five years if left untreated.

From these validated models, clinicians relied more on pachymetry measurements than

before, and a panel of glaucoma experts even formed a consensus on when to treat based on the patient's individual risk for developing glaucoma.

"These recommendations were summarized initially in a 'slide-rule' format, then a single-use calculator, or S.T.A.R., and finally online

calculators from various Web sites," said Dr. Lifferth. "To further take advantage of technology, I created a more mobile tool for applying evidence-based medicine."

Dr. Lifferth first got the

cal setting.

"P.R.E.D.I.C.T. is the next step in providing individual care to our patients with untreated ocular hypertension at risk for converting to glaucoma in the future,"

said Dr.

Lifferth. "This fully referenced, novel application utilizes the current results from recent sentinel studies to help

direct the eye care provider

in practicing evidence-based medicine whenever and wherever possible. P.R.E.D.I.C.T. was designed to be both easily accessible and accurate in its predictive capabilities for our patients while at the same time have the ability to incorporate future research results."

The patient's level of risk for developing glaucoma over the next five years from untreated ocular hypertension, as determined by P.R.E.D.I.C.T., is unique to every patient.

"As a result, the decision to continue to observe and monitor, consider treatment, or begin treatment for every patient should reflect the patient's best interests and the doctor's best judgment," said Dr. Lifferth. "We hope that this app just serves as another tool in our care for those with elevated intraocular pressures."

"We have now taken advantage of the latest technology and applied the latest research to treat our patients, and we've merged it all into a convenient iPhone app," said Dr. Lifferth.

For more information, visit www.mibssoftware.us/predict or go directly to the iTunes link at <http://itunes.apple.com/us/app/p-r-e-d-i-c-t/id352319183?mt=8>.

"We have now taken advantage of the latest technology and applied the latest research to treat our patients, and we've merged it all into a convenient iPhone app."

The P.R.E.D.I.C.T. iPhone app calculates patient risk factors for developing glaucoma within five years based on age, intraocular pressure, central cornea thickness, higher pattern standard deviation, and cup-to-disc ratio.

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to TLOverton@aoa.org.



Abbott Medical Optics
Alcon
Allergan
Bausch + Lomb
CIBA Vision Corporation
CooperVision
Essilor of America
HOYA Vision Care
Johnson & Johnson
Vision Care, Inc
Kemin Health
Luxottica Group
Marchon Eyewear
Optos
Shamir
TLC Vision Corporation
Transitions Optical
VisionWeb

Industry Profile: Bausch + Lomb

***Bringing visionary ideas
to eye health***

BAUSCH + LOMB™
Bringing Visionary Ideas To Eye Health

The mission of Bausch + Lomb is to protect and enhance the precious gift of sight for every individual.

We are dedicated to providing a breadth of outstanding products that will dramatically improve the vision and lives of billions of people.

We are a health care company and hold ourselves to the highest standards of ethics, quality, and safety.

Working with our partners and practitioners, we will pioneer new technologies and discoveries that will continue to bring new vision to the eyes of the world.

In our partnership with eye care professionals we will help drive an understanding of patient needs and facilitate communication about new areas of eye care.

As a visible sign of our new mission and our renewed commitment to be leaders in eye health around the world, we have redesigned our company logo and icon.

Our new corporate identity reflects the ongoing evolution of Bausch + Lomb, as we make strides in growing our business for the benefit of medical practitioners, retail partners, consumers and patients around the world.

All of us at Bausch + Lomb are excited to participate in the AOA's 2010 meeting.

We're particularly pleased to have the opportunity to hear from our colleagues, showcase our latest advances and discuss what's on the horizon for Bausch + Lomb.

For this year's meeting, we have invested in state-of-the-art communication technology that will enhance learning and information sharing between Bausch + Lomb and our practitioner partners.

Stop by our booth at the AOA meeting to share in this new experience.

Based on our strong momentum coming out of last year, as well as a number of planned new product launches and market initiatives over the coming months, we believe that 2010 will be a banner year for the company and the millions of people we're so fortunate to serve each year.

Our core businesses: contact lenses and lens care products, ophthalmic surgical and pharmaceutical products. Visit us at www.bausch.com.

***Industry Profile is a regular feature
in AOA News
allowing participants
of the
Ophthalmic Council™
to express themselves on issues
and products they consider
important to the members
of the AOA.***

VisionWeb adds Luxottica Group to network of suppliers

VisionWeb welcomed Luxottica Group to its network of suppliers, giving eye care providers the ability to order Luxottica products online through the VisionWeb portal.

Luxottica Group brings an extensive portfolio of brands to the VisionWeb network, including world-known house brands Ray-Ban, Oakley, Revo and Vogue, and licensed brands such as Anne Klein, Bvlgari, Burberry, Chanel, Dolce & Gabbana, DKNY, Oakley, Polo, Prada, Ralph Lauren, and Versace.

VisionWeb members will now be able to order these products and thousands of other products from more than 350 suppliers in one convenient, online location at www.visionweb.com.

New functionality to the VisionWeb frames ordering service will be launched in conjunction with the Luxottica Group product catalog, bringing more value to VisionWeb members.

Luxottica will be the first frame supplier on VisionWeb to provide online inventory status and designate product eligibility by account, significantly improving the frames ordering experience.

This ability to check inventory status online will enable VisionWeb members to confirm the product is available and not on backorder or out of stock prior to placing the order. This feature will also facilitate the ability for customers to drop-ship orders from the Luxottica distribution center, directly to VisionWeb-connected spectacle lens laboratories for the most expedited prescription frame and lens processing. In addition, eligibility designations by account will enable each account to view and order only the products for which they are eligible over the VisionWeb system.

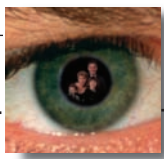
"We are very excited to announce our new connection with Luxottica Group," said Tom Loveless, vice president of Business Development and chief financial officer for VisionWeb. "Not only does this significantly expand the breadth of products that can be ordered over VisionWeb, but it also gives us the opportunity to improve our ordering service with new functionality. All of which increases the value of ordering on VisionWeb for our customers."

"Luxottica is proud to join VisionWeb, giving our customers one more option to conveniently order the brands their patients and consumers want," said Pierre Fay, executive vice president, Luxottica North America. "We are happy to support the new ordering functionality in conjunction with the launch, delivering superior service."

Ordering on VisionWeb is free for eye care providers. VisionWeb members can add Luxottica to their supplier accounts and begin ordering.

VisionWeb offers convenient and direct-to-supplier online ordering; online multi-payer insurance transaction processing; one-stop access to ophthalmic clinical news and information; and other benefits for optometrists and patients.

For more information, or for help with VisionWeb ordering, contact VisionWeb Customer Service at 800-874-6601 or e-mail customerservice@visionweb.com.



Transitions adapts to changing patient needs, media

Adapting to changing patient needs and media landscapes, Transitions Optical, Inc. will reach consumers this year with two new commercials, interactive advertising and an expanded social media presence.

The new, comprehensive marketing campaign for Transitions adaptive lens products was announced at the 14th annual Transitions Academy in Orlando, Fla.

"Today's global economy has changed consumer attitudes and purchasing habits, making it even more important to be innovative at all times," said Greg Marko, director, North America mar-

keting, Transitions Optical. "We're taking a consumer-centric approach with our marketing, focused on understanding consumer values and behavior, and adapting where we reach them and the messaging and tone of our communications."

TV and print ads

Two new commercials will run simultaneously from February through August during top-rated shows like "CSI," "Criminal Minds" and "The Biggest Loser," and regularly on the Golf Channel. Both commercials focus on how Transitions adaptive

lenses provide convenience and comfortable vision in changing lighting conditions, from indoors to outdoors and

which will contain more interactive and mobile-friendly features for consumers, Transitions Optical's con-

"We're taking a consumer-centric approach with our marketing, focused on understanding consumer values and behavior, and adapting where we reach them and the messaging and tone of our communications."

day to night.

The first commercial shows a series of Transitions lens wearers in various indoor and outdoor settings, including a man at work and a young girl at an amusement park. As the scenery and lighting around them change, their lenses darken and fade back, demonstrating how Transitions lenses adjust to varying lighting conditions.

As part of its official marketing partnership with the PGA Tour, Transitions is introducing a second commercial featuring PGA Tour professionals and Healthy Sight Ambassadors Trevor Immelman and Kenny Perry. The commercial demonstrates how Transitions lenses adapt to changing light conditions to help Immelman and Perry perform their best on and off the course and reminds consumers that Transitions lenses are the official eyewear of the PGA Tour, Nationwide Tour and Champions Tour.

New print ads, which will feature the same creative concepts as the commercials, will run in national publications such as *People*, *Family Circle*, *National Geographic*, *Readers Digest* and *US News* from April through July.

Interactive advertising

In conjunction with the launch of the redesigned Transitions Optical Web site,

sumer outreach in 2010 will include increased online and interactive advertising.

Throughout the year, the Transitions Web site will appear as a sponsored link on popular search engines like Google and Yahoo.

Interactive banner ads that show consumers how Transitions lenses adapt to different lighting conditions will also run on high-traffic sites through December.

Beyond traditional advertising, Transitions is engaging consumers in new ways, like with interactive airport advertising.

After reaching more than 8 million travelers in 2009, the large, motion-activated ads will appear in Tampa during the Transitions Championship in March, as well as in airports in Las Vegas, Washington, D.C., Los Angeles, New York and Houston.

An ad running in the Miami International Airport gave consumers a chance to win tickets to this year's Super Bowl.

Social media outreach

With the continued increase in usage of social media among consumers, Transitions Optical will focus on outreach through Transitions-affiliated sites as well as popular social media sites.

Eye health- and eyewear-themed blogs authored by Transitions spokespersons will appear on *ImproveYourVision*, *ImproveYourGame.com* and *BeWell.com*, offering consumers the opportunity to comment and "join the conversation."

Increasing activity on Transitions Optical's consumer, eye care professional and Hispanic-focused Facebook pages as well as Twitter, YouTube and Flickr will also be a part of this year's social media efforts.

Outreach to blog editors will complement traditional media outreach to ensure Transitions is driving dialogue about eye health and Transitions lenses in more places.

"Now, more than ever, consumers will seek out information and options from multiple sources before making a decision," said Marko. "As the number of consumers engaged in social media continues to climb, Transitions is exploring, evolving and innovating how we utilize it."

Revamped consumer Web site

Transitions unveiled its new consumer Web site, designed to expand public outreach and online visibility and specifically target the informational needs of consumers.

Realistic and interactive virtual simulations are featured throughout the site to help bring adaptive lens technology to life and provide a platform for patients to explore the different lens choices available to them.

Still located at www.Transitions.com, the site will focus exclusively on Transitions as a consumer brand.

A specialized trade portal for those with a professional interest in Transitions® lenses will go live in the first part of 2010.

Get a Wayfarer



Ray-Ban introduces its Rare Prints Special Series this spring. The Wayfarer model (RB 2140) is adorned with the original artistic Flowers motif available in several color variations, including the blue version with a floral print on the frame front instead of on the inside of the frame. An icon since 1952, the Wayfarer is embellished with colors and fancy motifs.

The Subway motif decorates the Wayfarer model with a section of a map of the N.Y. subway, which makes this icon even more trendy and urban. The N.Y. subway map is officially authorized and a 2009 copyright of the Metropolitan Transportation Authority. The Wayfarer frame also has the Subway print available decorating the outside of the frame.





MEETINGS

March

NSC OPTOMETRIC PHYSICIANS ASSOCIATION AND THE NSU OKLAHOMA COLLEGE OF OPTOMETRY

Minor Surgical Procedures for the Optometric Physician
March 18-20, 2010
Charleston, SC
Jackie Rivers, 2730 Devine Street
Columbia, SC 29205
803/799-6721
1-877-799-6721
FAX: 803/799-1064
info@sceyedocors.com

THE OHIO STATE UNIVERSITY COLLEGE OF OPTOMETRY BINOCULAR VISION & PEDIATRICS FORUM AND THE CHILDREN'S LEARNING FORUM
March 18-19, 2010
The Ohio State University College of Optometry, Columbus, Ohio
614/688-3336
Kulp.6@osu.edu
www.optometry.osu.edu

INTERNATIONAL VISION EXPO EAST March 18-21
New York
www.VisionExpoEast.com

IOWA OPTOMETRIC ASSOCIATION ANNUAL CONGRESS
March 26-28, 2010
Embassy Suites Hotel, Des Moines, Iowa
Chris Halsten
800/444-1772
FAX: 515/222-9073
chrish@iowaoptometry.org
www.iowaoptometry.org

NEBRASKA OPTOMETRIC ASSOCIATION NOA SPRING MEETING
March 26-28, 2010
Omaha, Nebraska
402/474-7716
noa@assocoffice.net
www.nebraska.aoa.org

OPTOMETRY ASSOCIATION OF LOUISIANA SPRING ELECTRONIC MEDICAL RECORDS CONFERENCE
March 27, 2010
Embassy Suites, Baton Rouge, LA
Dr. Jim Sandefur
318-335-0675
optla@bellsouth.net

ASPEN-SNOWMASS VISION RETREAT
March 27-29, 2010
Timberline Lodge Conference Center
Snowmass Village, CO
Dr. Steve Cantrell

314/351-3499
www.eyeski.com
Eyeski1@earthlink.net

April

CENTRAL JERSEY OPTOMETRIC SEMINAR
April 1, 2010
CentraState Medical Center,
Freehold, New Jersey
William B. Potter, O.D.
609/588-0792
Eyedoc2180@aol.com

OPTOMETRIC EXTENSION PROGRAM FOUNDATION, INC. AND NEURO-OPTOMETRIC REHABILITATION ASSOCIATION 6th International Congress of Behavioral Optometry (ICBO) In Conjunction with the Neuro-Optometric Rehabilitation Association (NORA)
19th Annual International Multi-Disciplinary Conference
April 6-11, 2010
Western University of Health Sciences College of Optometry
Pomona, CA
949/250-8070

AOA PRACTICE TRANSITIONS: STRATEGIES FOR MAKING THEM HAPPEN
April 7, 2010
Hyatt Grand Champions Resort & Conference Center, Indian Wells, California
www.aoa.org/practice-transitions.xml

CALIFORNIA OPTOMETRIC ASSOCIATION OPTOWEST 2010
April 8-11, 2010
Hyatt Grand Champions Resort & Conference Center, Indian Wells, California
www.OptoWest.com

INTERNATIONAL CONGRESS OF BEHAVIORAL OPTOMETRY (ICBO) 6th International Congress of Behavioral Optometry
April 8-11, 2010
Southern California
Robert Williams
949/250-8070

SOUTHERN COLLEGE OF OPTOMETRY 2010 SPRING CONTINUING EDUCATION
April 9-11, 2010
SCO Campus, Memphis, Tennessee
800/238-0180, ext. 4
ce@sco.edu
www.sco.edu

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY SPRING DOUBLEHEADER: INTERDISCIPLINARY MANAGEMENT OF THE DIABETES PATIENT AND RETINA UPDATE
April 10-11, 2010
Ft. Lauderdale, Florida
954/262-4224
oceaa@nova.edu
www.optometry.nova.edu/ce/

WISCONSIN OPTOMETRIC ASSOCIATION SPRING SEMINAR
April 14-15, 2010
Hotel Sierra (Formerly Regency Suites), Green Bay, WI
Joleen Brenig
800/678-5357
FAX: 608/824-2205
joleenwoaoffice@tds.net
www.woa-eyes.org

ARKANSAS OPTOMETRIC ASSOCIATION 2010 SPRING CONVENTION
April 15-17, 2010
The Peabody Hotel, Little Rock, AR
Vicki Farmer
501/661-7675
FAX: 501/373-0233
aropt@svbell.net
www.arkansasoptometric.org

WEST FLORIDA OPTOMETRIC ASSOCIATION SPRING BREAK SEMINAR
April 16-19, 2010
Sandestin Hilton Beach and Golf Resort, Sandestin, Florida
Dr. Tom Streeter
850/279-4361
optom@hotmail.com
www.wfoameeting.com

SOUTH DAKOTA OPTOMETRIC SOCIETY 2010 SDOS SPRING CONVENTION
April 21-23, 2010
Ramkota River Centre, Pierre, South Dakota
Deb Mortenson
605/224-8199
FAX: 605/224-6047
Sdeyes3@pie.midco.net
www.sdeyes.org

KENTUCKY OPTOMETRIC ASSOCIATION 108TH ANNUAL SPRING CONGRESS
April 22-25, 2010
Hyatt Hotel, Lexington, Kentucky
sarah@kyeyes.org
www.kyeyes.org

AZOA 2010 SPRING CONGRESS ARIZONA OPTOMETRIC ASSOCIATION
April 23-25, 2010
Hilton El Conquistador, Tucson, AZ
Kate Diedrickson
602/279-0055
kate@azoa.org
www.azoa.org

MONTANA OPTOMETRIC ASSOCIATION 2010 MOA ANNUAL CONFERENCE
April 29-May 1, 2010
Best Western GranTree Inn,
Bozeman, Montana

Sue Weingartner
406/443-1160
FAX: 406/443-4614
sweingartner@rmsmanagement.com
www.mteyes.com

COLLEGE OF SYNTONIC OPTOMETRY 78TH ANNUAL CONFERENCE ON LIGHT AND VISION
April 29 - May 1, 2010
Sirata Beach Resort, St. Pete Beach, FL
Ron Wahlmeier, Admin. Director
719/547-4953
www.syntonics@q.com

KANSAS OPTOMETRIC ASSOCIATION KOA ANNUAL CONVENTION AND SEMINAR
April 29-May 1, 2010
Capitol Plaza Hotel, Topeka, Kansas
Todd Fleischer
785/232-0225
FAX: 785/232-6151
todd@kansasopectometric.org
www.kansasopectometric.org

NEW MEXICO OPTOMETRIC ASSOCIATION ANNUAL CONVENTION
April 29-May 2, 2010
Embassy Suites Hotel, Albuquerque, New Mexico
Richard Montoya
575/751-7242
info@newmexicooptometry.org
www.newmexicooptometry.org

ILLINOIS OPTOMETRIC ASSOCIATION MIDWEST EYECARE CONGRESS
April 30-May 2, 2010
St. Louis Union Station Marriott, St. Louis, Missouri

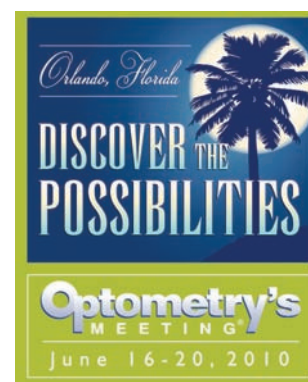
OPTOMETRIC EDUCATION AT THE BEACH TENNESSEE OPTOMETRIC ASSOCIATION
April 30-May 2, 2010
Sandestin Beach Hilton, Sandestin, FL
Bridget Jones 800-451-2438
bridget@usit.net
www.toaonline.org

May

2010 ARVO ANNUAL MEETING: FOR SIGHT: THE FUTURE OF EYE AND VISION RESEARCH ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY
May 2-6, 2010
Fort Lauderdale, Florida
Ellyn Terry
eterry@arvo.org
www.arvo.org/ctes

2010 CALIFORNIA REGIONAL VISION THERAPISTS' FORUM
The Optometric Extension Program Foundation
May 14-15, 2010
Crown Plaza Hotel, San Diego (Mission Valley), CA
Lyna Dyson, COVT
858/748-6210
visionhlp@juno.com
www.oepf.org/calendar.php

CLINICAL EYE CARE CONFERENCE
Nova Southeastern University
College of Optometry
May 14-16, 2010



Nova Southeastern University Main Campus, Ft. Lauderdale, Florida
954/262-4224
oceaa@nova.edu
www.optometry.nova.edu/ce/

PENNSYLVANIA OPTOMETRIC ASSOCIATION SPRING CONGRESS & EDUCATIONAL CONFERENCE
May 21-23, 2010
Seven Springs Resort, Champion, Pennsylvania
Ilene Sauertieg
717/233-6455
www.poaeyes.org

OPTOMETRIC BUSINESS MANAGEMENT SYMPOSIUM
Tennessee Optometric Association and CIBA/Essilor's Management & Business Academy
May 22-23, 2010
Opryland Hotel, Nashville, TN
Bridget Jones
1-800-451-2438
bridget@usit.net
www.toaonline.org

CEINITALY 2010 CONFERENCES
May 23-25, 2010
Cinque Terre, Italy
James L. Fanelli, O.D., FAAO
910/452-7225
FAX: 910/452-7229
jamesfanelli@ceinitaly.com
www.CEinitaly.com

CE IN ITALY 2010 CONFERENCES
May 27-29, 2010
Rome, Italy
James L. Fanelli, O.D., FAAO
910/452-7225
FAX: 910/452-7229
jamesfanelli@ceinitaly.com
www.CEinitaly.com

June

MAINE OPTOMETRIC ASSOCIATION JUNE "SUMMER" CONFERENCE
June 4-6, 2009
Harborside Hotel & Marina, Bar Harbor, Maine
Joann Gagne
207/626-9920
www.MaineEyeDoctors.com

UTAH OPTOMETRIC ASSOCIATION UOA ANNUAL CONGRESS
June 4-6, 2010
Zermatt Resort, Midway, Utah
Clive Watson
801/364-9103
FAX: 801/364-9613
UOA@XMISSION.COM

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org. Please allow several months' lead time.

Orlando, Florida

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June 16-20, 2010

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Gaylord Palms® Resort & Convention Center, near Orlando, FL

Conference: June 16-20, 2010 Exhibits: June 17-19, 2010

Register Today, Don't Delay! Early Bird Deadline is April 1.

Early Bird rates remain the same for all AOA Members: \$125 for Optometrists, \$50 for Students, and \$50 for Paraoptometric.

CE fees on or before April 1 are \$30 per hour.

New this year:

- Career Central in Exhibit Hall F – *Sponsored by Luxottica*
- Product Information Exchange Luncheon: A Menu for Your Future – *Sponsored by CIBA VISION, Essilor, and Vistakon®*
- EHR: Deadlines Have Been Set – *Sponsored by Compulink, EMRlogic, Eyefinity/OfficeMate, First Insight, RevolutionEHR, and Topcon*

Don't Miss:

- Renowned Exhibit Hall with over 200 exhibitors
- Over 200 hours of unparalleled CE
- Wednesday Night Welcome Reception – *Sponsored by Bausch + Lomb*
- Opening General Session with speaker Frank Abagnale – *Sponsored by Essilor*
- Wines From Across Our Nation in the Exhibit Hall on Thursday
- Buck-a-Beer Night in the Exhibit Hall on Friday
- The Varilux® Optometry Student Bowl™ XIX and reception, where optometry schools compete for academic supremacy – *Sponsored by Essilor*
- Presidential Celebration on Saturday night, featuring Frank Caliendo & John Pinette – *Sponsored by HOYA*

Don't forget to select your hotel from one of the hotels in our block. The AOA has blocked sleeping rooms at the Gaylord Palms® Resort and the Orlando Marriott World Center. Rooms go very fast...don't delay!

To register, take advantage of early bird savings, and learn more about **Optometry's Meeting®**, visit www.optometrysmeeting.org





SHOWCASE



FERRIS STATE UNIVERSITY TENURE-TRACK FACULTY POSITION

The Michigan College of Optometry (MCO) at Ferris State University (FSU) invites applications for a full-time tenure track position available immediately.

The successful applicant will assume duties in patient care and teaching in the clinic, classroom, and laboratories primarily in the area of pediatric vision and/or vision therapy. Opportunity to develop in the area of clinical administration and supervision of a resident may also be available. The successful applicant will be expected to contribute to the mission of MCO in the areas of patient care, teaching, scholarly/professional activities, and leadership.

Position #F21556, Pediatric Optometry - Applicants should demonstrate expertise in clinical and didactic instruction in primary and secondary eye care of infant, child, and cognitively impaired patients. Experience with the referral care of any of the following is highly desirable: strabismus, amblyopia, learning disabilities, head injury, anomalies of development, vision therapy, sports vision, school and community based clinics.

The Michigan College of Optometry offers a collegial environment and excellent career development opportunities for faculty at all career levels. Salary and academic rank is dependent on qualifications, experience, and evidence of an ability to contribute in the applicant's area(s) of interest.

Review of applications will begin March 1, 2010 and continue until the position is filled. For complete position posting or for more information about MCO and FSU, please visit our web site at www.ferris.edu/mco/recruitment

All application and support materials must be submitted through the FSU on-line service. Links to instructions and the service are located on the MCO link above and at the "Employment" link on the FSU homepage (www.ferris.edu). If there are any questions about this position, contact:

Mark Swan, OD, MEd
Chair, Faculty Recruitment Committee
mwsan@ferris.edu

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AEA Optometric Cruise Seminars 2010-2011

Scandinavia & Russia, 7/1-7/11/10, *Star Princess*®. Copenhagen, Stockholm, Helsinki, 2 day St Petersburg experience, Tallinn, Gdansk, Oslo, Copenhagen. **From \$1490pp.** ~ 4th of July ~ Speaker: Leo Semes, O.D.

Alaska (Inside Passage), 7/17-7/24/10, *Golden Princess*®. Seattle, Juneau, Skagway, Tracy Arm, Ketchikan, Victoria, Seattle. **From \$949pp.** ~Ohio State University Alumni Cruise~ (all are welcome). Speaker: Barbara Fink, OD.

Canada/New England, 9/16-9/29/10, Holland America *MS Eurodam*®. Quebec City, Saguenay, Saguenay Fjord, Charlottetown, Sydney, Halifax, Bar Harbor, Gloucester, Newport, New York. **From \$1499pp.** Speaker: John McGreal

Southern Caribbean, 2/6-2/16/11, *Emerald Princess*®. Ft. Lauderdale, Aruba, Bonaire, Grenada, Dominica, St. Thomas, Princess Cays, Ft. Lauderdale. **From \$1099pp.** ~ Valentine's Day ~

Classic Southern Caribbean, 2/20-2/27/11, *Caribbean Princess*®. San Juan, St. Thomas, Tortola, Antigua, St. Lucia, Barbados, San Juan. **From \$919pp.** ~ President's Day ~

South Pacific/French Polynesia, 2/21-3/3/11, *Royal Princess*®. Papeete, Huahine, Rangiroa, Raiaten, Bora Bora, Moorea, Papeete. **From \$1795pp.**

Eastern Caribbean, 2/27-3/6/11, *Ruby Princess*®. Ft. Lauderdale, Princess Cays, St. Martin, St. Thomas, Grand Turk, Ft. Lauderdale. **From \$769pp.**

Far East - Bangkok to Beijing, 4/20- 5/6/11, *Diamond Princess*®. Laem Chabang (Bangkok), Singapore, Phu My, Nha Trang, Hong Kong, Keelung, Okinawa, Shanghai, Xingang (Beijing). **From \$2195pp.** ~ Easter ~

Early booking discounts or regional promotions may apply. We will match all bona fide offers. Call for lowest current price. Fares are cruise only, per person, USD, based on double occupancy, capacity controlled and subject to availability. Government fees and taxes, fuel supplement are additional.

Visit cruise line websites for terms, conditions, and definitions which will apply to all bookings.

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2010 MWCO

Mountain West Council of Optometrists

Annual Congress April 22-24



WWW.MWCO.ORG

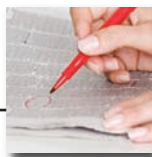
American Optometric Association

NEWS

Online

www.aoanews.org





SHOWCASE

TENURE-TRACK FACULTY POSITION AVAILABLE

Pacific University College of Optometry is seeking applications for a tenure-track faculty position with emphasis in primary care and ocular disease. Laboratory, clinical assignments and didactic responsibilities will reflect programmatic needs, as well as the successful candidate's expertise and interests.

Successful candidates will have the OD degree and licensure to practice optometry. Preference will be given to applicants with residency/fellowship training, an advanced degree and/or advanced professional development. A commitment to excellence in optometric education, lifelong learning and the expansion of knowledge through optometric research is essential.

Candidates should submit a letter of application, a current, comprehensive curriculum vitae and three references. Applications are encouraged prior to March 15, 2010 but will be accepted until the position is filled.

SUBMIT APPLICATION MATERIALS TO:

Blair Lonsberry, MS, OD, MEd., FAAO
Clinic Director
Portland Vision Center
511 SW 10th Ave, Suite 500
Portland, OR 97205

E-mail: blonsberry@pacificu.edu
Fax: 503-352-2523
Phone: 503-352-2510

All employment offers are contingent upon the candidate's satisfactory completion of a pre-employment background check. Pacific University is an equal opportunity employer.

A competitive recruitment and selection process is being conducted for this job opportunity; if a U.S. worker is not selected pursuant to this process, an application for alien employment certification may be filled on behalf of an alien to fill the job opportunity.



Pacific University
Oregon

www.pacificu.edu

American Academy of Optometry New Jersey Chapter

8th Annual Educational Conference

April 28-May 2, 2010

Myrtle Beach, South Carolina
At Hilton Embassy Suites at Kingston Plantation

Jerome Sherman, OD, FAAO
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Registration:

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For more information please contact:

seniorvisioncareprogram@onsightseniorcare.com



University of Missouri-St. Louis

Faculty Position Available
Pediatric Optometry/Binocular Vision
Clinical Assistant/Associate Professor

The College of Optometry at the University of Missouri-Saint Louis invites applicants for a clinical non-tenure track faculty position in Pediatric Optometry and Binocular Vision.

Responsibilities: Didactic instruction in related courses; clinical teaching /patient care within a variety of settings including community health care centers. Primary and secondary care of infants, children, special needs populations and adults; diagnosis and management of binocular vision anomalies and learning related vision problems; interdisciplinary practice with other educational professionals. Willingness to explore alternative teaching styles in classrooms such as learner-centered and case-based approaches.

Qualifications: Doctor of Optometry degree; eligible for license to practice in Missouri; ACOE accredited Pediatric Optometry Residency or equivalent pediatric/binocular vision patient care experience; sincere commitment to optometric education, community service and patient care. Rank/salary commensurate with training/qualifications.

UMSL is a public, metropolitan land-grant institution committed to basic and applied research/teaching and service. With 15,500 students, 1400 faculty members and 131 degree and associate programs, UMSL is the largest university in the St. Louis region and the 3rd largest in Missouri. <http://www.umsi.edu>

The College of Optometry includes a 4-year professional degree (OD) program, a graduate program in Vision Science (MS, Ph.D.) and post-professional residency programs. <http://www.umsi.edu/~optometry/>

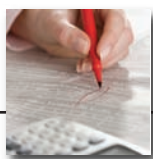
Applications accepted/reviewed immediately and until position is filled. Send CV, statement of teaching and scholarly interests, names/addresses of three professional references:

Maria Ahrens taylorlmb@umsi.edu, Administrative Assistant to the Faculty
The University of Missouri St. Louis College of Optometry
One University Boulevard, St. Louis, MO 63121-4499

Electronic submissions preferred. For further information, contact Maria (314) 516-5616

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Littleton Colorado. OD Business for Sale. Established full service practice, on major street, in pleasant South metro Denver. Grossing almost \$200,000 per year. Growth opportunity as Doctor works half time. Long term building lease. Well priced. Financing available. Dan 303-468-0432.

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Miscellaneous

VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!!

How would you like to donate your outdated equipment to a worthy cause and receive a *tax deduction* at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. The most desirable items that programs in developing countries need are: Trial lens kits, Battery powered hand scopes, Assorted Pliers and Optical Tools, Hand Stones for edging plastic lenses, uncut lenses (both SV and BF), Manual Lensometers, Phoropters, Lens Clocks, Color Vision Tests, Keratometers and Bio-microscopes. This list is certainly not complete but gives you an idea of some of the basic needs these developing programs can benefit from.

All items may be shipped directly to:

VOSH INTERNATIONAL

C/O VOSH-SE

3701 SE 66th St

Ocala, Florida 34480

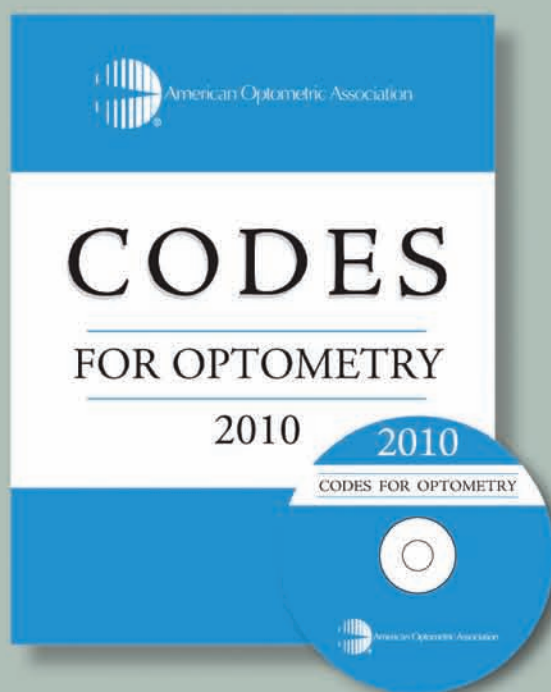
Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email dpvc@juno.com and/or voshinternational@comcast.net.

Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$65 (40 words maximum) 2 column inches = \$115 (80 words maximum) 3 column inches = \$155 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at t.peppers@elsevier.com attention Traci Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a “personal” nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers – Elsevier ad sales contact – at 212.633.3766 for advertising rates for all classifieds and showcase ads.

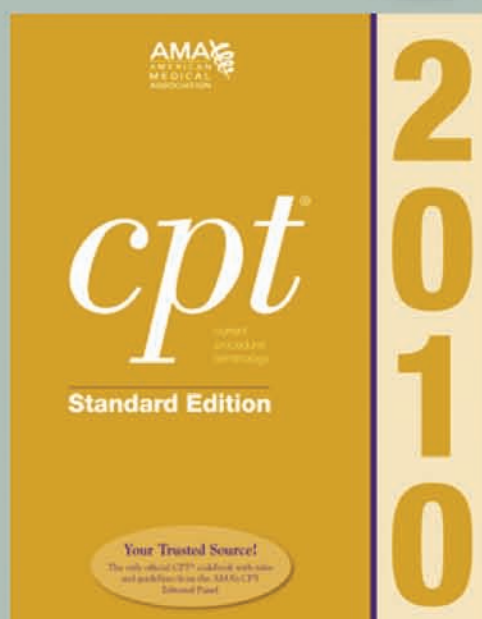
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